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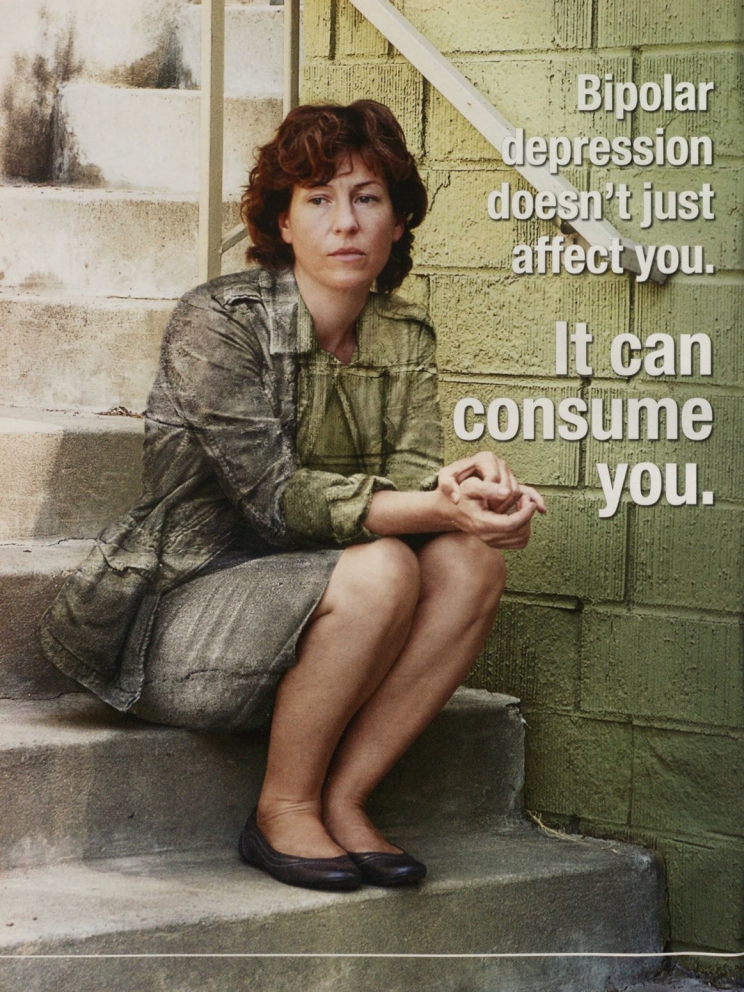
It's His War Now

There's no such thing
as a no-drama war

BY JOE KLEIN

Why Obama's
decision is
downsizing the
war on terrorism

BY PETER BEINART



**Bipolar
depression
doesn't just
affect you.**

**It can
consume
you.**

SEROQUEL XR is an option proven effective for treating bipolar depression.

It's easy to feel like you're fading into the background when you're living with bipolar depression. SEROQUEL XR has been proven to work alone to effectively treat bipolar depression. And for many people, it's just one pill, once a day. Bipolar depression doesn't have to consume you. Talk to your doctor. Understand your options. And discuss whether **XR—SEROQUEL XR**—is right for you. To learn more, visit seroquelXR.com

Important Safety Information About SEROQUEL XR

Elderly patients with dementia-related psychosis (having lost touch with reality due to confusion and memory loss) treated with this type of medicine are at an increased risk of death, compared to placebo (sugar pill). SEROQUEL XR is not approved for treating these patients.

Antidepressants have increased the risk of suicidal thoughts and actions in some children, teenagers, and young adults. Patients of all ages starting treatment should be watched closely for worsening of depression, suicidal thoughts or actions, unusual changes in behavior, agitation, and irritability. Families and caregivers should watch patients daily and report these symptoms immediately to the physician. SEROQUEL XR is not approved for patients under the age of 18 years.

- High blood sugar and diabetes have been reported with SEROQUEL XR and medicines like it. If you have diabetes or risk factors such as obesity or a family history of diabetes, ask your doctor about checking your blood sugar before starting SEROQUEL XR and regularly throughout treatment. If you develop symptoms of high blood sugar or diabetes, such as excessive thirst or hunger, increased urination, or weakness, contact your doctor. Complications from diabetes can be serious and even life threatening.
- Increases in triglycerides and in LDL (bad) cholesterol and decreases in HDL (good) cholesterol have been reported with SEROQUEL XR. Your doctor should check your cholesterol levels before you start SEROQUEL XR and during therapy.
- Weight gain has been reported with SEROQUEL XR. Your doctor should check your weight regularly.
- A rare, but potentially fatal, side effect reported with SEROQUEL XR and medicines like it is neuroleptic malignant syndrome (NMS). Tell your doctor if you have very high fever; rigid muscles; shaking; confusion; sweating; changes in pulse, heart rate, or blood pressure; or muscle pain and weakness because treatment should be stopped if you have NMS.
- Another serious side effect reported with SEROQUEL XR and medicines like it is tardive dyskinesia (TD)—uncontrollable movements of the face, tongue, or other parts of the body. TD may become permanent, and the risk of TD is believed to increase as the length of time on and the amount of these medications increase. While TD can develop in patients taking low doses for short periods, this is much less common. There is no known treatment for TD, but it may go away partially or completely if treatment is stopped.
- Before starting treatment, tell your doctor if you have high prolactin levels or have a history of, or are at risk for, seizures or a low white blood cell (WBC) count. An eye exam for cataracts is recommended at the beginning of treatment and every 6 months thereafter.

- Other risks include feeling dizzy or lightheaded upon standing, or having trouble swallowing. Tell your doctor if you experience any of these.
- Suicidal thoughts or actions may occur; tell your doctor if you have thoughts about death or suicide.
- Since drowsiness has been reported with SEROQUEL XR, you should not participate in activities such as driving or operating machinery until you know that you can do so safely. Avoid drinking alcohol while taking SEROQUEL XR because SEROQUEL XR increases the effects of alcohol. Avoid becoming overheated or dehydrated while taking SEROQUEL XR.
- Common side effects: The most common side effects are drowsiness, dry mouth, increases in cholesterol and triglycerides, constipation, upset stomach, dizziness, a sudden drop in blood pressure upon standing, weight gain, increased hunger, tiredness, increases in blood sugar, difficulty speaking, and stuffy nose.

This is not a complete summary of safety information. Please discuss the full prescribing information for prescription SEROQUEL XR with your health care provider.

Indications

SEROQUEL XR is a once-daily tablet approved to treat acute depressive episodes in bipolar disorder; acute manic or mixed episodes in bipolar disorder alone or when added to lithium or divalproex; and long-term maintenance of bipolar disorder when added to lithium or divalproex.

Please see Brief Summary, including Boxed Warnings, on adjacent pages.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

For a free doctor conversation guide, visit seroquelXR.com or call 1-866-331-3010.

If you're without prescription coverage and can't afford your medication, AstraZeneca may be able to help. For more information, please visit seroquelXR.com

Bipolar depression doesn't have to consume you.

Once-daily
SEROQUEL XR®
quetiapine fumarate
extended-release tablets

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AstraZeneca

SEROQUEL XR®

(quetiapine fumarate) Extended-Release Tablets

BRIEF SUMMARY: This summary provides important information about SEROQUEL XR. For more information, please ask your doctor about the full prescribing information and discuss it with him or her. The full Prescribing Information is available at www.SEROQUELXR.com or by calling 1-800-356-9933.

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS
Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Analyses of seventeen placebo-controlled trials (median duration of 10 weeks) largely in patients taking typical antipsychotic drugs, revealed a risk of death in drug-treated patients of between 1.6 to 1.7 times the risk of death in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 4.5%, compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. Observational studies suggest that, similar to atypical antipsychotic drugs, treatment with conventional antipsychotic drugs may increase mortality. The extent to which the findings of increased mortality in observational studies may be attributable to the antipsychotic drug as opposed to some characteristic(s) of the patients is not clear. SEROQUEL XR is not approved for the treatment of patients with dementia-related psychosis (see **Warnings and Precautions**).

SUICIDALITY AND ANTIDEPRESSANT DRUGS
Antidepressants increase the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the use of SEROQUEL XR or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in risk of suicide. In all cases, if you are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. SEROQUEL XR is not approved for use in pediatric patients (see **Warnings and Precautions**).

INDICATIONS AND USAGE

Bipolar Disorder

SEROQUEL XR is indicated for the treatment of:

- acute depressive episodes associated with bipolar disorder
- acute manic or mixed episodes associated with bipolar I disorder as monotherapy and as an adjunct to lithium or divalproex therapy and
- maintenance treatment of bipolar I disorder as adjunct therapy to lithium or divalproex

DOSE AND ADMINISTRATION

SEROQUEL XR Tablets should be swallowed whole and not split, chewed or crushed. SEROQUEL XR should be taken without food or with a light meal.

Bipolar Depression: Usual Dose for Acute Treatment - administer once daily in the evening starting with 50 mg per day and increasing doses to reach 300 mg per day by day 4.

Bipolar Mania: Usual Dose for Acute Monotherapy or Adjunct Therapy (with lithium or divalproex) - administer once daily in the evening starting with 300 mg per day on day 1 and adjust between 400 mg - 800 mg per day thereafter depending on the clinical response and tolerance of the individual patient.

Maintenance: Administer maintenance treatment with SEROQUEL XR once daily in the evening.

Dosing in Special Populations: Consideration should be given to a slower rate of dose titration and a lower target dose in the elderly and in patients who are debilitated or who have a predisposition to hypotensive reactions (see **Use in Specific Populations**). When indicated, dose escalation should be performed with caution in these patients.

Elderly patients should be started on SEROQUEL XR 50 mg/day and the dose can be increased in increments of 50 mg/day depending on the response and tolerance of the individual patient.

Patients with hepatic impairment should be started on SEROQUEL XR 50 mg/day. The dose can be increased daily in increments of 50 mg/day to an effective dose, depending on the clinical response and tolerance of the patient.

Re-initiation of Treatment in Patients Previously Discontinued

Although there are no data to specifically address reinitiation of treatment, it is recommended that when restarting therapy of patients who have been off SEROQUEL XR for more than one week, the initial dosing schedule should be followed. When restarting patients who have been off SEROQUEL XR for less than one week, gradual dose escalation may not be required and the maintenance dose may be reinitiated.

Switching Patients from SEROQUEL Tablets to SEROQUEL XR Tablets

Patients who are currently being treated with SEROQUEL (immediate-release tablets) may be switched to SEROQUEL XR at the equivalent daily dose taken once daily. Individual dosage adjustments may be necessary.

Switching from Antipsychotics

There are no systematically collected data to specifically address switching patients from other antipsychotics to SEROQUEL XR, or concerning concomitant administration with other antipsychotics. While immediate discontinuation of the previous antipsychotic treatment may be acceptable for some patients, more gradual discontinuation may be most appropriate for others. In all cases, the period of overlapping antipsychotic administration should be minimized. When switching patients from depot antipsychotics, if medically appropriate, initiate SEROQUEL XR 50 mg/day, place of the depot scheduled injection. The need for continuing existing extrapyramidal syndrome medication should be re-evaluated periodically.

CONTRAINDICATIONS

None

WARNINGS AND PRECAUTIONS

Increased Mortality in Elderly Patients with Dementia-Related Psychosis

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death compared to placebo. SEROQUEL XR (quetiapine fumarate) is not approved for the treatment of patients with dementia-related psychosis (see **Boxed Warning**).

Clinical Worsening and Suicidal Risk

Patients with major depressive disorder (MDD), both adult and pediatric, may experience worsening of their depression and/or the emergence of suicidal ideation and behavior (suicidality) or unusual changes in behavior; whether or not they are taking antidepressant medications, and this risk may persist until significant remission occurs. Suicide is a known risk of depression and certain other psychiatric disorders, and these disorders themselves are the strongest predictors of suicide. There has been a long-standing concern, however, that antidepressants may have a role in inducing worsening of depression and the emergence of suicidality in certain patients during the early phases of treatment. Pooled analyses of short-term placebo-controlled trials of antidepressant drugs (SSRIs and others) showed that these drugs increase the risk of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults (ages 18-24) with major depressive disorder (MDD) and other psychiatric disorders. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction with antidepressants compared to placebo in adults aged 65 and older.

The pooled analyses of placebo-controlled trials in children and adolescents with MDD, obsessive compulsive disorder (OCD), or other psychiatric disorders included a total of 24 short-term trials of 9 antidepressant drugs in over 4400 patients. The pooled analyses of placebo-controlled trials in adults with MDD or other psychiatric disorders included a total of 295 short-term trials (median duration of 2 months) of 11 antidepressant drugs in over 77,000 patients. There was considerable variation in risk of suicidality among drugs, but a tendency toward an increase in the younger patients for almost all drugs studied. There were differences in absolute risk of suicidality across the different indications, with the highest incidence in MDD. The risk differences (drug vs placebo), however, were relatively stable within age strata and across indications. These risk differences (drug vs placebo) increased in the number of cases of suicidality per 1000 patients treated; as follows: <18 years of age—14 additional cases compared to placebo; 18-24 years of age—5 additional cases compared to placebo; 25-64 years of age—1 fewer case compared to placebo; ≥65 years of age—6 fewer cases compared to placebo.

No suicides occurred in any of the pediatric trials. There were suicides in the adult trials, but the number was not sufficient to reach any conclusions. It is unknown whether the suicidality risk extends to longer-term use, i.e., beyond several months. However, there is substantial evidence from placebo-controlled maintenance trials in adults with depression that the use of antidepressants can delay the recurrence of depression.

All patients being treated with antidepressants for any indication should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases.

The following symptoms, anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity (including suicidal thoughts), hypomania, and mania, have been reported in adult and pediatric patients being treated with antidepressants for major depressive disorder as well as for other indications, both psychiatric and nonpsychiatric. Although a causal link between the emergence of such symptoms and the worsening of depression and/or the emergence of suicidal impulses has not been established, there is concern that such symptoms may represent precursors to emerging suicidality.

Consideration should be given to changing the therapeutic regimen, including possibly discontinuing the medication, in patients whose depression is persistently worse, or who are experiencing emergent suicidality or symptoms that might be precursors to worsening depression or suicidality, especially if these symptoms are severe, abrupt in onset, or were not present at baseline. In such cases, the patient should be monitored closely.

Families and caregivers of patients being treated with antidepressants for major depressive disorder or other indications, both psychiatric and nonpsychiatric, should be alerted about the need to monitor patients for the emergence of agitation, irritability, unusual changes in behavior, and the other symptoms described above, as well as the emergence of suicidality, and to report such symptoms immediately to healthcare providers. Such monitoring should include daily observation by families and caregivers. Prescriptions for SEROQUEL XR should be written for the smallest quantity of tablets consistent with good patient management, in order to reduce the risk of overdose.

Screening Patients for Bipolar Disorder: A major depressive episode may be the initial presentation of bipolar disorder. It is generally believed (though not established in controlled trials) that treating such an episode with an antidepressant alone may increase the likelihood of precipitation of a mixed/manic episode in patients at risk for bipolar disorder. Whether any of the symptoms described above represent such a conversion is unknown. However, prior to initiating treatment with an antidepressant, patients with depressive symptoms should be adequately screened to determine if they are at risk for bipolar disorder; such screening should include a detailed psychiatric history, including a family history of bipolar, depressive disorder, and depression.

Hypoglycemia and Diabetes Mellitus

Hypoglycemia, in some cases extreme and associated with ketacidosis or hypoglycemic coma or death, has been reported in patients treated with atypical antipsychotics, including quetiapine. Assessment of the relationship between atypical antipsychotic use and glucose abnormalities is complicated by the possibility of an increased background risk of diabetes mellitus in patients with schizophrenia and the increasing incidence of diabetes mellitus in the general population. Given these confounders, the relationship between atypical antipsychotic use and hypoglycemia-related adverse reactions is not completely understood. However, epidemiological studies suggest an association between atypical antipsychotic use and hypoglycemia-related adverse reactions in patients treated with the atypical antipsychotics. Precise risk estimates for hypoglycemia-related adverse reactions in patients treated with atypical antipsychotics are not available.

Patients with an established diagnosis of diabetes mellitus who are started on atypical antipsychotics should be monitored regularly for worsening of glucose control. Patients with risk factors for diabetes mellitus (e.g., obesity, family history of diabetes) who are starting treatment with atypical antipsychotics should undergo fasting blood glucose testing at the beginning of treatment and periodically during treatment. Any patient treated with atypical antipsychotics should be monitored for symptoms of hypoglycemia including polydipsia, polyphagia, polyuria, and weakness. Patients who develop symptoms of hypoglycemia during treatment with atypical antipsychotics should undergo fasting blood glucose testing. In some cases, hypoglycemia has resolved when the atypical antipsychotic was discontinued; however, some patients required continuation of anti-diabetic treatment despite discontinuation of the suspect drug.

Adults: In 2 long-term placebo-controlled randomized withdrawal clinical trials for bipolar maintenance, mean exposure of 213 days for SEROQUEL (646 patients) and 152 days for placebo (680 patients), the mean change in glucose from baseline was +6.0 mg/dL for quetiapine and -0.05 mg/dL for placebo. The exposure-adjusted rate of any hypoglycemia (fasting glucose level <70 mg/dL) for patients on quetiapine for 8 hours since a meal (however, some patients may not have been excluded from calorie intake from fluids during fasting period) was 1.0 per 100 patient years for SEROQUEL (10.7% of patients; n=556) and 9.5 for placebo per 100 patient years (4.6% of patients; n=581).

In short-term (12 weeks duration or less) placebo-controlled clinical trials (3342 patients treated with quetiapine and 1490 treated with placebo), the percent of patients who had a fasting blood glucose ≥126 mg/dL or a non-fasting blood glucose ≥200 mg/dL was 3.5% for quetiapine and 2.1% for placebo. The mean change in glucose from baseline was 2.70 mg/dL for quetiapine and 1.06 mg/dL for placebo.

In a 24-week placebo-controlled trial, 115 patients treated with SEROQUEL designed to evaluate glycemic status with oral glucose tolerance testing of all patients, at week 24 the incidence of a treatment-emergent post-glucose challenge glucose level ≥200 mg/dL was 1.7% and the incidence of a fasting treatment-emergent blood glucose level ≥126 mg/dL was 2.6%. The mean change in fasting glucose from baseline was 3.2 mg/dL, and mean change in 2 hour glucose from baseline was -1.8 mg/dL for quetiapine.

Children and Adolescents: Safety and effectiveness of SEROQUEL XR have not been established in pediatric patients and SEROQUEL XR is not approved for patients under the age of 18 years. In a placebo-controlled quetiapine monotherapy study of adolescent patients (17 years of age) with schizophrenia (n=170), the mean change in fasting glucose levels for SEROQUEL compared to placebo was -0.75 mg/dL vs -1.70 mg/dL. In a placebo-controlled SEROQUEL monotherapy study of children and adolescent patients (10-17 years of age) with bipolar mania (3 weeks duration), the mean change in fasting glucose level for quetiapine compared to placebo was 3.62 mg/dL vs -1.17 mg/dL. No patient in either study with a baseline normal fasting glucose level <100 mg/dL or a baseline borderline fasting glucose level ≥100 mg/dL and <126 mg/dL had a treatment-emergent blood glucose level ≥126 mg/dL.

Hypertension

Adults: In clinical trials with SEROQUEL XR the percentage of patients with the following shifts from Normal Baseline to Clinically Significant Levels of cholesterol and triglycerides have been reported (see **Adverse Reactions**).

Schizophrenia Trial (6 weeks duration)

9% of patients on SEROQUEL XR had Cholesterol ≥240 mg/dL vs 9% of patients on placebo. 18% of patients on SEROQUEL XR had Triglycerides ≥200 mg/dL vs 5% of patients on placebo.

Bipolar Depression Trial (8 weeks duration)

1% of patients on SEROQUEL XR had Cholesterol ≥ 240 mg/dL vs 3% of patients on placebo. 8% of patients on SEROQUEL XR had Triglycerides ≥ 200 mg/dL vs 8% of patients on placebo.

Bipolar Mania Trial (3 weeks duration)

7% of patients on SEROQUEL XR had Cholesterol ≥ 240 mg/dL vs 4% of patients on placebo. 15% of patients on SEROQUEL XR had Triglycerides ≥ 200 mg/dL vs 6% of patients on placebo.

Children and Adolescents:

Safety and effectiveness of SEROQUEL XR have not been established in pediatric patients and SEROQUEL XR is not approved for use in patients under the age of 18 years. In clinical trials with SEROQUEL, the pediatric population with the following Shifts from Normal Baseline to Clinically Significant Levels of cholesterol and triglycerides have been reported.

Schizophrenia Trial (13-17 years, 6 weeks duration)

12% of patients on SEROQUEL had Cholesterol ≥ 240 mg/dL vs 2% of patients on placebo. 17% of patients on SEROQUEL had Triglycerides ≥ 200 mg/dL vs 8% of patients on placebo.

Bipolar Mania Trial (10-17 years, 3 weeks duration)

1% of patients on SEROQUEL had Cholesterol ≥ 240 mg/dL vs 3% of patients on placebo. 22% of patients on SEROQUEL had Triglycerides ≥ 200 mg/dL vs 13% of patients on placebo.

Weight Gain

Adults: In clinical trials with SEROQUEL XR the following increases in weight have been reported.

Proportion of Patients with Weight Gain $\geq 7\%$ of Body Weight (Adults)

Schizophrenia Trial (6 weeks duration)

10% of patients on SEROQUEL XR vs 5% of patients on placebo

Bipolar Mania Trial (3 weeks duration)

1% of patients on SEROQUEL XR vs 0% of patients on placebo.

Bipolar Depression Trial (8 weeks duration)

8.2% of patients on SEROQUEL XR vs 0.8% of patients on placebo.

In schizophrenia trials the proportions of patients meeting a weight gain criterion of $\geq 7\%$ of body weight were compared in a pool of four to 6-week placebo-controlled clinical trials, revealing a statistically significant greater incidence of weight gain for SEROQUEL (23%) compared to placebo (8%).

Children and Adolescents: Safety and effectiveness of SEROQUEL XR have not been established in pediatric patients and SEROQUEL XR is not approved for use in patients under the age of 18 years. In two clinical trials with SEROQUEL, one in bipolar mania and one in schizophrenia, reported increases in weight are included below. When treating pediatric patients with SEROQUEL XR for any indication, weight gain should be assessed against that expected for normal growth. The mean change in body weight in the schizophrenia trial was 2.0 kg in the SEROQUEL group and -0.4 kg in the placebo group and in the bipolar mania trial it was 1.7 kg in the SEROQUEL group and 0.4 kg in the placebo group.

Proportion of Patients with Weight Gain $\geq 7\%$ of Body Weight (Children and Adolescents)

Schizophrenia Trial (6 weeks duration)

21% of patients on SEROQUEL vs 7% of patients on placebo

Bipolar Mania Trial (3 weeks duration)

12% of patients on SEROQUEL vs 0% of patients on placebo.

In an open-label study that enrolled patients from the above two pediatric trials, 63% of patients (241/380) completed 26 weeks of therapy with SEROQUEL. After 26 weeks of treatment, the mean increase in body weight was 4.4 kg. Forty-five percent of the patients gained $\geq 7\%$ of their body weight, not adjusted for normal growth. In order to adjust for normal growth over 26 weeks an increase of at least 0.5 standard deviation from baseline in BMI was used as a measure of a clinically significant change. 18.3% of patients on SEROQUEL met this criterion after 26 weeks of treatment.

Neuroleptic Malignant Syndrome (NMS)

A potentially fatal symptom complex sometimes referred to as Neuroleptic Malignant Syndrome (NMS) has been reported in association with administration of antipsychotic drugs, including quetiapine. Rare cases of NMS have been reported with quetiapine. Clinical manifestations of NMS are hyperreflexia, muscle rigidity, altered mental status, and evidence of autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis, and cardiac dysrhythmias). Other signs may include elevated creatine phosphokinase, myoglobinuria (rhabdomyolysis) and acute renal failure.

The diagnostic evaluation of patients with this syndrome is complicated. In arriving at a diagnosis, it is important to exclude causes of the clinical presentation including but not limited to serious medical illness (e.g., pneumonia, systemic infection, etc.) and untreated or inadequately treated extrapyramidal signs and symptoms (EPS). Other important considerations in the differential diagnosis include central anticholinergic toxicity, heat stroke, drug fever and primary central nervous system (CNS) pathology.

The management of NMS should include: 1) immediate discontinuation of antipsychotic drugs and other drugs not essential to concurrent therapy; 2) intensive symptomatic treatment and medical monitoring; and 3) treatment of any concomitant serious medical problems for which specific treatments are available. There is no general agreement about specific pharmacological treatment regimens for NMS.

If a patient requires antipsychotic drug treatment after recovery from NMS, the potential reintroduction of drug therapy should be carefully considered. The patient should be carefully monitored since recurrences of NMS have been reported.

Tardive Dyskinesia

Onset of potentially irreversible, involuntary, dyskinetic movements may develop in patients treated with antipsychotic drugs including quetiapine. Although the prevalence of the syndrome appears to be highest among the elderly, especially elderly women, it is impossible to rely upon prevalence estimates to predict, at the inception of antipsychotic treatment, which patients are likely to develop the syndrome. Whether antipsychotic drug products differ in their potential to cause tardive dyskinesia is unknown.

The risk of developing tardive dyskinesia and the likelihood that it will become irreversible are believed to increase as the duration of treatment and the total cumulative dose of antipsychotic drugs administered to the patient increase. However, the syndrome can develop, although much less commonly, after relatively brief treatment periods at low doses.

There is no known treatment for established cases of tardive dyskinesia, although the syndrome may remit, partially or completely, if antipsychotic treatment is withdrawn. Antipsychotic treatment, itself, however, may suppress (or partially suppress) the signs and symptoms of the syndrome and thereby may possibly mask the underlying process. The effect that symptomatic suppression has upon the long-term course of the syndrome is unknown.

Given these considerations, SEROQUEL XR should be prescribed in a manner that is most likely to minimize the occurrence of tardive dyskinesia. Chronic antipsychotic treatment should generally be reserved for patients who appear to suffer from a chronic illness that (1) is known to respond to antipsychotic drugs, and (2) for whom alternative, equally effective, but potentially less harmful treatments are not available or appropriate. In patients who do require chronic treatment, the smallest dose and the shortest duration of treatment producing a satisfactory clinical response should be sought. The need for continued treatment should be reassessed periodically.

If signs and symptoms of tardive dyskinesia appear in a patient on SEROQUEL XR, drug discontinuation should be considered. However, some patients may require treatment with quetiapine despite the presence of the syndrome.

Orthostatic Hypotension

Quetiapine may induce orthostatic hypotension associated with dizziness, tachycardia and, in some patients, syncope, especially during the initial dose-titration period, probably reflecting its α_1 -adrenoreceptor antagonist properties. Syncope was reported in 0.3% (41/239) of the patients treated with SEROQUEL XR, compared with 0.3% (2/619) on placebo. Syncope was reported in 1% (28/3265) of the patients treated with SEROQUEL, compared with 0.2% (2/954) on placebo. Orthostatic hypotension, dizziness, and syncope may lead to falls.

Quetiapine should be used with particular caution in patients with known cardiovascular disease (history of myocardial infarction or ischemic heart disease), heart failure or conduction abnormalities; cerebrovascular disease or conditions which would predispose patients to hypotension (dehydration, hypovolemia and treatment with antihypertensive medications). If hypotension occurs during titration to the target dose, a return to the previous dose in the titration schedule is appropriate.

Leukopenia, Neutropenia and Agranulocytosis

In clinical trials and postmarketing experience, events of leukopenia/neutropenia have been reported temporally related to atypical antipsychotic agents, including SEROQUEL XR. Agranulocytosis (including fatal cases) has also been reported.

Possible risk factors for leukopenia/neutropenia include pre-existing low white cell count (WBC) and history of drug induced leukopenia/neutropenia. Patients with a pre-existing low WBC or a history of drug induced leukopenia/neutropenia should have their complete blood count (CBC) monitored frequently during the first few months of therapy and should discontinue SEROQUEL XR at the first sign of a decline in WBC in absence of other causative factors.

Patients with neutropenia should be carefully monitored for fever or other symptoms or signs of infection and treated promptly if such symptoms or signs occur. Patients with severe neutropenia (absolute neutrophil count $<1000/mm^3$) should discontinue SEROQUEL XR and have their WBC followed until recovery [see **Adverse Reactions**].

Cataracts

The development of cataracts was observed in association with quetiapine treatment in chronic drug studies. Lens changes have also been observed in patients during long-term quetiapine treatment, but a causal relationship to quetiapine use has not been established. Nevertheless, the possibility of lenticular changes cannot be excluded at this time. Therefore, examination of the lens by methods adequate to detect cataract formation, such as slit lamp exam or other appropriately sensitive methods, is recommended at initiation of treatment or shortly thereafter, and at 6-month intervals during chronic treatment.

Seizures

During clinical trials with SEROQUEL XR, seizures occurred in 0.1% (1/1259) of patients treated with SEROQUEL XR compared to 0.5% (3/619) on placebo. During clinical trials with SEROQUEL, seizures occurred in 0.5% (20/3490) of patients treated with SEROQUEL compared to 0.2% (2/954) on placebo. As with other antipsychotics quetiapine fumarate should be used cautiously in patients with a history of seizures or with conditions that may lower the seizure threshold, e.g., Alzheimer's dementia. Conditions that lower the seizure threshold may be more prevalent in a population of 65 years or older.

Hypothyroidism

In SEROQUEL XR clinical trials, 0.5% (4/806) of patients on SEROQUEL XR vs 0% (0/262) on placebo experienced decreased free thyroxine and 2.7% (21/786) on SEROQUEL XR vs 1.2% (3/256) on placebo experienced increased thyroid stimulating hormone (TSH); however, no patients experienced a combination of clinically significant decreased free thyroxine and increased TSH. No patients had reactions of hypothyroidism. Clinical studies with SEROQUEL demonstrated a dose-related decrease in total and free thyroxine (T4) of approximately 20% at the higher end of the therapeutic dose range and was maximal in the first two to four weeks of treatment and maintained without adaptation or progression during more chronic therapy. Generally, these changes were of no clinical significance and TSH was unchanged in most patients and levels of thyroid binding globulin were unchanged. In nearly all cases, cessation of quetiapine treatment was associated with a reversal of the effects on total and free T4, irrespective of the duration of treatment. About 0.7% (26/3489) of SEROQUEL patients experienced TSH increases in monotherapy studies. Six of these patients with TSH increases needed thyroid hormone replacement.

Children and Adolescents: Safety and effectiveness of SEROQUEL XR have not been established in pediatric patients and SEROQUEL XR is not approved for patients under the age of 18 years. In acute placebo-controlled trials in children and adolescent patients with schizophrenia (6-week duration) or bipolar mania (3-week duration), the incidence of shifts to potentially clinically important thyroid function values at any time for SEROQUEL treated patients and placebo-treated patients for elevated TSH was 2.9% vs 0.7%, respectively and for decreased total thyroxine was 2.6% vs 0%, respectively. Of the SEROQUEL treated patients with elevated TSH levels, 1 had decreased free thyroxine to free T level at end of treatment.

Hyperprolactinemia

Adults: During clinical trials with quetiapine, the incidence of shifts in prolactin levels to a clinically significant value occurred in 3.6% (158/4146) of patients treated with quetiapine compared to 2.6% (51/1968) on placebo.

Children and Adolescents: Safety and effectiveness of SEROQUEL XR have not been established in pediatric patients and SEROQUEL XR is not approved for patients under the age of 18 years. In acute placebo-controlled trials in children and adolescent patients with schizophrenia (6-week duration) or bipolar mania (3-week duration), the incidence of shifts in prolactin levels to a clinically significant value (>20 μ g/L males, >26 μ g/L females at any time) was 13.4% for SEROQUEL compared to 4% for placebo in males and 6.7% for SEROQUEL compared to 0% for placebo in females.

Like other drugs that antagonize dopamine D2 receptors, SEROQUEL XR elevates prolactin levels in some patients and the elevation may persist during chronic administration. Hyperprolactinemia, regardless of etiology, may suppress hypothalamic GnRH, resulting in reduced pituitary gonadotropin secretion. This, in turn, may inhibit reproductive function by impairing gonadal steroidogenesis in both female and male patients. Galactorrhea, amenorrhea, gynecomastia, and impotence have been reported in patients receiving prolactin-elevating compounds. Long-standing hyperprolactinemia when associated with hypogonadism may lead to decreased bone density in both female and male subjects.

Tissue culture experiments indicate that approximately one-third of human breast cancers are prolactin dependent in vitro, a factor of potential importance if the prescription of these drugs is considered in a patient with previously detected breast cancer. As with compounds which increase prolactin release, mammary gland, and pancreatic islet cell neoplasia (mammary adenocarcinomas, pituitary and pancreatic adenomas) was observed in carcinogenicity studies conducted in mice and rats. Neither clinical studies nor epidemiologic studies conducted to date have shown an association between chronic administration of this class of drugs and tumorigenesis in humans, but the available evidence is too limited to be conclusive.

Increases in Blood Pressure (Children and Adolescents)

Safety and effectiveness of SEROQUEL XR have not been established in pediatric patients and SEROQUEL XR is not approved for patients under the age of 18 years. In acute placebo-controlled trials in children and adolescents with schizophrenia (6-week duration) or bipolar mania (3-week duration), the incidence of increases at any time in systolic blood pressure (≥ 20 mmHg) was 15.2% for SEROQUEL and 5.5% for placebo; the incidence of increases at any time in diastolic blood pressure (≥ 10 mmHg) was 40.6% for SEROQUEL and 24.5% for placebo.

Transaminase Elevations

Asymptomatic, transient and reversible elevations in serum transaminases (primarily ALT) have been reported. The proportions of patients with transaminase elevations of >3 times the upper limits of the normal reference range in a pool of placebo-controlled trials ranged between 1% and 2% for SEROQUEL XR compared to 2% for placebo. In schizophrenia trials, the proportions of patients with transaminase elevations of >3 times the upper limits of the normal reference range in a pool of 5 to 6-week placebo-controlled trials were approximately 6% for SEROQUEL compared to 1% for placebo. These hepatic enzyme elevations usually occurred within the first 3 weeks of drug treatment and were not associated with ongoing treatment with quetiapine.

Potential for Cognitive and Motor Impairment

Somnolence was a commonly reported adverse event reported in patients treated with quetiapine especially during the 3-day period of initial dose titration. In schizophrenia trials, somnolence was reported in 24.7% of patients on SEROQUEL XR compared to 10.3% of placebo patients. In a bipolar depression clinical trial, somnolence was reported in 51.8% of patients on SEROQUEL XR compared to 12.9% of placebo patients. In a clinical trial for bipolar mania, somnolence was reported in 50.3% of patients on SEROQUEL XR compared to 11.9% of placebo patients.

patients. Since quetiapine has the potential to impair judgment, thinking, or motor skills, patients should be cautioned about performing activities requiring mental alertness, such as operating a motor vehicle (including automobiles) or operating hazardous machinery until they are reasonably certain that quetiapine therapy does not affect them adversely. Somnolence may lead to falls.

Priapism

One case of priapism in a patient receiving quetiapine was reported prior to market introduction. While a causal relationship to use of quetiapine has not been established, other drugs with α -adrenoreceptor blocking effects have been reported to induce priapism, and it is possible that quetiapine may share this capacity. Severe priapism may require surgical intervention.

Body Temperature Regulation

Disruption of the body's ability to reduce core body temperature has been attributed to antipsychotic agents. Appropriate care is advised when prescribing SEROQUEL XR for patients who will be experiencing conditions which may contribute to an elevation in core body temperature, e.g., exercising strenuously, exposure to extreme heat, receiving concomitant medication with anticholinergic activity, or being subject to dehydration.

Dysphagia

Esophageal dysmotility and aspiration have been associated with antipsychotic drug use. Aspiration pneumonia is a common cause of morbidity and mortality in elderly patients, in particular those with advanced Alzheimer's dementia. SEROQUEL XR and other antipsychotic drugs should be used cautiously in patients at risk for aspiration pneumonia.

Suicide

The possibility of a suicide attempt is inherent in schizophrenia and bipolar disorder; close supervision of high risk patients should accompany drug therapy. Prescriptions for SEROQUEL XR should be written for the smallest quantity of tablets consistent with good patient management in order to reduce the risk of overdose. In three, 6-week clinical studies in patients with schizophrenia (N=951), the incidence of treatment emergent suicidal ideation or suicide attempt was 0.6% in SEROQUEL XR treated patients and 0.9% in placebo-treated patients.

In an 8-week clinical study in patients with bipolar depression (N=137 for SEROQUEL XR and 140 for placebo), the incidence of treatment emergent suicidal ideation or suicide attempt was 0.7% for SEROQUEL XR treated patients and 1.4% for placebo.

In a 3-week clinical study in patients with bipolar mania (N=311, 151 for SEROQUEL XR and 160 for placebo), the incidence of treatment emergent suicidal ideation or suicide attempt was 1.3% for SEROQUEL XR compared to 3.8% for placebo.

Use in Patients with Concomitant Illness

Clinical experience with SEROQUEL XR in patients with certain concomitant systemic illnesses is limited. SEROQUEL XR has not been evaluated or used with any appreciable extent in patients with a recent history of myocardial infarction or unstable heart disease. Patients with these diagnoses were excluded from premarketing clinical studies. Because of the risk of orthostatic hypotension with SEROQUEL XR, caution should be observed in cardiac patients. (See **Warnings and Precautions**).

Withdrawal

Acute withdrawal symptoms, such as nausea, vomiting, and insomnia have very rarely been described after abrupt cessation of atypical antipsychotic drugs, including quetiapine fumarate. Gradual withdrawal is advised.

ADVERSE REACTIONS

Clinical Studies Experience

The information below is derived from a clinical trial database for SEROQUEL XR consisting of 1239 patients exposed to SEROQUEL XR for the treatment of schizophrenia and bipolar disorder in placebo-controlled trials. Adverse Reactions Associated with Discontinuation of Treatment in Short-Term, Placebo-Controlled Trials: There was no difference in the incidence and type of adverse reactions associated with discontinuation (16.4% for SEROQUEL XR vs 7.5% for placebo) in a pool of controlled schizophrenia trials. In a single clinical trial in patients with bipolar depression, 13% of patients on SEROQUEL XR discontinued due to adverse reaction compared to 4% with placebo. In a single clinical trial in patients with bipolar mania, 4.6% of patients on SEROQUEL XR discontinued due to adverse reaction compared to 8.1% on placebo.

Adverse Reactions Occurring at an Incidence of 5% or More Among SEROQUEL XR Treated Patients in Short-Term, Placebo-Controlled Trials

The following is the incidence, rounded to the nearest percent, of treatment-emergent adverse reactions that occurred during acute therapy of schizophrenia (up to 6 weeks) in >5% patients treated with SEROQUEL XR (doses ranging from 300 to 800 mg/day) where the incidence in patients treated with SEROQUEL XR was greater than the incidence in placebo-treated patients.¹

SEROQUEL XR (n=951) vs placebo (n=319): Dry Mouth 37% vs 1%; Constipation 6% vs 5%; Dyspepsia 5% vs 2%; Somnolence 25% vs 10%; Dizziness 10% vs 4%; and Orthostatic Hypotension 7% vs 5%.

Reactions for which the SEROQUEL XR incidence was equal to or less than placebo are not listed, but included the following: headache, insomnia, and nausea.

In these studies, the most commonly observed adverse reactions associated with the use of SEROQUEL XR (incidence of 5% or greater) and observed at a rate on SEROQUEL XR at least twice that of placebo were somnolence (25%), dry mouth (12%), dizziness (10%), and dyspepsia (5%).

The following is the incidence, rounded to the nearest percent, of treatment-emergent adverse reactions that occurred during acute therapy of bipolar depression (up to 8 weeks) in >5% patients treated with SEROQUEL XR 300 mg/day where the incidence in patients treated with SEROQUEL XR was greater than the incidence in placebo-treated patients.¹

SEROQUEL XR (N=137) vs placebo (n=140): Dry Mouth 37% vs 7%; Constipation 8% vs 6%; Dyspepsia 1% vs 1%; Fatigue 6% vs 2%; Weight Gain 7% vs 1%; Increased Appetite 12% vs 6%; Somnolence 52% vs 13%; and Dizziness 13% vs 11%.

¹ Reactions for which the SEROQUEL XR incidence was equal to or less than placebo are not listed, but included the following: headache and insomnia.

In these studies, the most commonly observed adverse reactions associated with the use of SEROQUEL XR (incidence of 5% or greater) and observed at a rate on SEROQUEL XR at least twice that of placebo were somnolence (52%), dry mouth (37%), increased appetite (12%), weight gain (7%), dyspepsia (7%), and fatigue (6%).

The following is the incidence, rounded to the nearest percent, of treatment-emergent adverse reactions that occurred during acute therapy of bipolar mania (up to 3 weeks) in >5% patients treated with SEROQUEL XR (doses ranging from 400 to 800 mg/day) where the incidence in patients treated with SEROQUEL XR was greater than the incidence in placebo-treated patients.¹

SEROQUEL XR (N=151) vs placebo (n=160): Dry Mouth 34% vs 1%; Constipation 10% vs 3%; Dyspepsia 7% vs 4%; Fatigue 7% vs 4%; Weight Gain 7% vs 1%; Somnolence 50% vs 12%; Dizziness 10% vs 4%; Dysarthria 5% vs 0%; and Nasal Congestion 5% vs 1%.

¹ Reactions for which the SEROQUEL XR incidence was equal to or less than placebo are not listed, but included the following: headache and dizziness.

In these studies, the most commonly observed adverse reactions associated with the use of SEROQUEL XR (incidence of 5% or greater) and observed at a rate on SEROQUEL XR at least twice that of placebo were somnolence (50%), dry mouth (34%), dizziness (10%), constipation (10%), weight gain (7%), dysarthria (5%), and nasal congestion (5%).

Adverse Reactions Occurring at an Incidence of 5% or More Among SEROQUEL XR Treated Patients in Long-Term, Placebo-Controlled Trials

In a long-term placebo-controlled trial, adult patients with schizophrenia who remained clinically stable on SEROQUEL XR during open-label treatment for at least 4 months were randomized to placebo (n=103) or to continue on their current SEROQUEL XR (n=94) for up to 12 months of observation for possible relapse; the adverse reaction profiles were generally consistent with those reported in the short-term, placebo-controlled

trials. Insomnia (8.5%) and headache (7.4%) were the only adverse events reported by 5% or more patients. Adverse Reactions that occurred in <5% of patients and were considered drug-related (incidence greater than placebo and consistent with known pharmacology of drug class) in order of decreasing frequency: heart rate increased, hypotension, weight increased, tremor, akathisia, increased appetite, blurred vision, postural dizziness, pyrexia, dysarthria, dystonia, drooling, syncope, tardive dyskinesia, dysphagia, leukopenia, and rash. Adverse Reactions in clinical trials with quetiapine and not listed elsewhere in the label: abnormal dreams and nightmares, peripheral edema, rhinitis, eosinophilia, hypersensitivity, elevations in gamma-GT levels, restless legs syndrome, and elevations in serum creatine phosphokinase (not associated with NMS).

Extrapyramidal Symptoms:

Dystonia

Class Effect: Symptoms of dystonia, prolonged abnormal contractions of muscles groups, may occur in susceptible individuals during the first few days of treatment. Dystonic symptoms include: spasm of the neck muscles, sometimes progressing to tightness of the throat, swallowing difficulty, difficulty breathing, and/or protrusion of the tongue. While these symptoms can occur at low doses, they occur more frequently and with greater severity with high potency and at higher doses of first generation antipsychotic drugs. An elevated risk of acute dystonia is observed in males and younger age groups.

Adults: In placebo-controlled clinical trials with quetiapine, utilizing doses up to 800 mg per day, the incidence of any adverse reactions potentially related to EPS ranged from 8% to 11% for quetiapine and 4% to 11% for placebo. In three-arm placebo-controlled clinical trials for the treatment of schizophrenia, utilizing doses between 300 mg and 800 mg of SEROQUEL XR, the incidence of any adverse reactions potentially related to EPS was 8% for SEROQUEL XR and 8% for SEROQUEL (without evidence of being dose related), and 5% in the placebo group. In these studies, the incidence of the individual adverse reactions (e.g., akathisia, extrapyramidal disorder, tremor, dyskinesia, dystonia, restlessness, and muscle rigidity) was generally low and did not exceed 3% for any treatment group.

At the end of treatment, the mean change from baseline in Simpson-Angus Scale total score and Barnes Akathisia Rating Scale Global Assessment score was similar across the treatment groups. The use of concomitant anticholinergic medications was infrequent and similar across the treatment groups. The incidence of extrapyramidal symptoms was consistent with that seen with the profile of SEROQUEL in schizophrenia patients.

In a placebo-controlled clinical trial for the treatment of bipolar depression utilizing 300 mg of SEROQUEL XR, the incidence of any adverse reactions potentially related to EPS was 4.4% for SEROQUEL XR and 0.7% in the placebo group. In this study, the incidence of the individual adverse reactions (e.g., akathisia, extrapyramidal disorder, tremor, dyskinesia, dystonia, restlessness, and muscle rigidity) did not exceed 1.5% for any individual adverse reaction.

In a placebo-controlled clinical trial for the treatment of bipolar mania, utilizing a dose range of 400-800 mg/day of SEROQUEL XR, the incidence of any adverse reactions potentially related to EPS was 6.6% for SEROQUEL XR and 3.8% in the placebo group. In this study, the incidence of the individual adverse reactions (e.g., akathisia, extrapyramidal disorder, tremor, dystonia, restlessness, and cogwheel rigidity) did not exceed 2.0% for any adverse reaction.

Children and Adolescents: Safety and effectiveness of SEROQUEL XR have not been established in pediatric patients and SEROQUEL XR is not approved for patients under the age of 18 years. In a short-term placebo-controlled monotherapy trial in adolescent patients with schizophrenia (6-week duration), the aggregated incidence of extrapyramidal symptoms was 12.9% for SEROQUEL XR and 5.8% for placebo, though the incidence of the individual adverse events (e.g., akathisia, tremor, extrapyramidal disorder, hypokinesia, restlessness, psychomotor hyperactivity, muscle rigidity, dyskinesia) did not exceed 4.1% in any treatment group. In a short-term placebo-controlled monotherapy trial in children and adolescent patients with bipolar mania (3-week duration), the aggregated incidence of extrapyramidal symptoms was 3.6% for SEROQUEL and 1.1% for placebo. Increased Appetite

Adults: Data on increased appetite appear earlier within this section and in "Adverse Reactions that occurred in <5% of Patients" (both in this section).

Children and Adolescents: Safety and effectiveness of SEROQUEL XR have not been established in pediatric patients and SEROQUEL XR is not approved for patients under the age of 18 years. In acute placebo-controlled trials in children and adolescent patients with schizophrenia (6-week duration) or bipolar mania (3-week duration), the incidence of increased appetite was 7.6% for SEROQUEL compared to 2.4% for placebo. In a 26-week open-label study that enrolled patients from the above two pediatric trials, the incidence of increased appetite was 10% for SEROQUEL.

Vital Signs and Laboratory Values

Hypertension, hyperlipidemia, weight gain and orthostatic hypotension have been reported with quetiapine (see **Warnings and Precautions**).

Neutrophil Counts

In three-arm SEROQUEL XR placebo-controlled monotherapy clinical trials, among patients with a baseline neutrophil count $\geq 1.5 \times 10^9/L$, the incidence of at least one occurrence of neutrophil count $< 1.5 \times 10^9/L$ was 1.5% in patients treated with SEROQUEL XR and 1.5% for SEROQUEL, compared to 0.8% in placebo-treated patients. In placebo-controlled monotherapy clinical trials involving 3368 patients on quetiapine fumarate and 1515 on placebo, the incidence of at least one occurrence of neutrophil count $< 1.0 \times 10^9/L$ among patients with a normal baseline neutrophil count and at least one available follow-up laboratory measurement was 0.3% (10/2967) in patients treated with quetiapine, compared to 0.1% (2/1349) in patients treated with placebo. Patients with a preexisting low WBC or a history of drug-induced leukopenia/neutropenia should have their complete blood count (CBC) monitored frequently during the first few months of therapy and should discontinue SEROQUEL XR at the first sign of a decline in WBC in absence of other causative factors (see **Warnings and Precautions**).

ECG Changes:

3.9% of SEROQUEL XR patients, and 3.4% of placebo patients, had tachycardia (> 120 bpm) at any time during the trials. SEROQUEL XR was associated with a mean increase in heart rate, assessed by ECG, of 7 beats per minute compared to a mean increase of 1 beat per minute for placebo. This is consistent with the rates for SEROQUEL. The incidence of adverse reactions of tachycardia was 3% for SEROQUEL XR compared to 1% for placebo. SEROQUEL use was associated with a mean increase in heart rate, assessed by ECG, of 7 beats per minute compared to a mean increase of 1 beat per minute among placebo patients. The slight tendency for tachycardia may be related to quetiapine's potential for inducing orthostatic changes (see **Warnings and Precautions**).

Post Marketing Experience

Adverse reactions reported since market introduction which were temporally related to SEROQUEL therapy includes anaphylactic reaction and galactorrhea.

Other adverse reactions reported since market introduction, which were temporally related to SEROQUEL therapy, but not necessarily causally related, include the following: agranulocytosis, cardiomyopathy/hypotension, myocarditis, rhabdomyolysis, elevations of inappropriate antidiuretic hormone secretion (SIADH), Stevens-Johnson syndrome (SJS), and decreased platelets. In post-marketing clinical trials, syndromes in total cholesterol (predominantly LDL cholesterol) have been reported.

DRUG INTERACTIONS

The risks of using SEROQUEL XR in combination with other drugs have not been extensively evaluated in systematic studies. Given the primary CNS effects of SEROQUEL XR, caution should be taken when it is taken in combination with other centrally acting drugs. Quetiapine potentiated the cognitive and motor effects of alcohol in a clinical trial in subjects with selected psychotic disorders, and alcoholic beverages should be limited while taking quetiapine.

Because of its potential for inducing hypotension, SEROQUEL XR may enhance the effects of certain antihypertensive agents.

SEROQUEL XR may antagonize the effects of levodopa and dopamine agonists.

The Effect of Other Drugs on Quetiapine

Phenytoin

Administration of quetiapine (250 mg three times daily) and phenytoin (100 mg three times daily) increased the mean oral clearance of quetiapine by 5-fold. Increased doses of SEROQUEL XR may be required to maintain control of symptoms of schizophrenia in patients receiving quetiapine and phenytoin, or other hepatic enzyme inducers (eg, carbamazepine, barbiturates, ritonavir, glucocorticoids). Caution should be taken if phenytoin is withdrawn and replaced with a non-inducer (eg, valproate) [see **Dosage and Administration**].

Divalproex

Coadministration of quetiapine (150 mg twice daily) and divalproex (500 mg twice daily) increased the mean maximum plasma concentration of quetiapine at steady-state by 17% without affecting the extent of absorption or mean oral clearance.

Thioridazine

Thioridazine (200 mg twice daily) increased the oral clearance of quetiapine (300 mg twice daily) by 65%.

Cimetidine

Administration of multiple daily doses of cimetidine (400 mg three times daily for 4 days) resulted in a 20% decrease in the mean oral clearance of quetiapine (150 mg three times daily). Dosage adjustment for quetiapine is not required when it is given with cimetidine.

P450 3A Inhibitors

Coadministration of ketoconazole (200 mg once daily for 4 days), a potent inhibitor of cytochrome P450 3A, reduced oral clearance of quetiapine by 84%, resulting in a 335% increase in maximum plasma concentration of quetiapine. Caution (reduced dosage) is indicated when SEROQUEL XR is administered with ketoconazole and other inhibitors of cytochrome P450 3A (eg, itraconazole, fluconazole, erythromycin, protease inhibitors).

Fluoxetine, Imipramine, Haloperidol, and Risperidone

Coadministration of fluoxetine (60 mg once daily), imipramine (75 mg twice daily), haloperidol (7.5 mg twice daily), or risperidone (3 mg twice daily) with quetiapine (300 mg twice daily) did not alter the steady-state pharmacokinetics of quetiapine.

Effect of Quetiapine on Other Drugs

Lorazepam

The mean oral clearance of lorazepam (2 mg, single dose) was reduced by 20% in the presence of quetiapine administered as 250 mg three times daily dosing.

Divalproex

The mean maximum concentration and extent of absorption of total and free valproic acid at steady-state were decreased by 10 to 12% when divalproex (500 mg twice daily) was administered with quetiapine (150 mg twice daily). The mean oral clearance of total valproic acid (administered as divalproex 500 mg twice daily) was increased by 11% in the presence of quetiapine (150 mg twice daily). The changes were not significant.

Lithium

Concomitant administration of quetiapine (250 mg three times daily) with lithium had no effect on any of the steady-state pharmacokinetic parameters of lithium.

Antipsychotics

Administration of multiple daily doses up to 750 mg/day (on a three times daily schedule) of quetiapine to subjects with selected psychotic disorders had no clinically relevant effect on the clearance of antipsychotic or urinary recovery of antipsychotic metabolites. These results indicate that quetiapine does not significantly induce hepatic enzymes responsible for cytochrome P450 mediated metabolism of antipsychotics.

USE IN SPECIFIC POPULATIONS

Pregnancy

Pregnancy Category C

There are no adequate and well-controlled studies of SEROQUEL XR use in pregnant women. In limited published studies, there were no major malformations associated with quetiapine exposure during pregnancy. In animal studies, embryo-fetal toxicity occurred. Quetiapine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Labor and Delivery

The effect of SEROQUEL XR on labor and delivery in humans is unknown.

Nursing Mothers

SEROQUEL XR was excreted into human milk. Caution should be exercised when SEROQUEL XR is administered to a nursing woman.

Pediatric Use

Safety and effectiveness of SEROQUEL XR have not been established in pediatric patients and SEROQUEL XR is not approved for patients under the age of 18 years [see **Warnings and Precautions and Adverse Reactions**].

Geriatric Use

Sixty-eight patients in clinical trials with SEROQUEL XR were 65 years of age or over. In general, there was no indication of differences in tolerability of SEROQUEL XR in the elderly compared to younger adults. Nevertheless, the presence of factors that might decrease pharmacokinetic clearance, increase the pharmacodynamic response to SEROQUEL XR, or cause poorer tolerance or orthostasis, should lead to consideration of a lower starting dose, slower titration, and careful monitoring during the initial dosing period in the elderly. The mean plasma clearance of quetiapine was reduced by 30% to 50% in elderly patients when compared to younger patients.

Renal Impairment

Clinical experience with SEROQUEL XR in patients with renal impairment is limited.

Hepatic Impairment

Since quetiapine is extensively metabolized by the liver, higher plasma levels are expected in the hepatically impaired. Adjusted and dosage adjustment may be needed [see **Dosage and Administration**].

DRUG ABUSE AND DEPENDENCE

Controlled Substance

SEROQUEL XR is not a controlled substance.

Abuse

SEROQUEL XR has not been systematically studied in animals or humans for its potential for abuse, tolerance or physical dependence. While the clinical trials did not reveal any tendency for drug-seeking behavior, these observations were not systematic and it is not possible to predict on the basis of this limited experience the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed. Consequently, patients should be evaluated carefully for a history of drug abuse, and such patients should be observed closely for signs of misuse or abuse of SEROQUEL XR (eg, development of tolerance, increases in dose, drug-seeking behavior).

OVERDOSAGE

Human Experience

In clinical trials, suicidal behavior has been reported in acute overdoses of up to 30 grams of quetiapine. Most patients who overdosed experienced no adverse effects or recovered fully from the reported events. Death has been reported in a clinical trial following an overdose of 13.6 grams of quetiapine alone. In general, reported signs and symptoms were those resulting from an exaggeration of the drug's known pharmacological effects, ie, drowsiness and sedation, tachycardia and hypotension. Patients with pre-existing severe cardiovascular disease may be at an increased risk of the effects of overdose [see **Warnings and Precautions**]. One case, involving an estimated overdose of 9600 mg, was associated with hypokalemia and first degree heart block. In post-marketing experience, there have been very rare reports of overdose of SEROQUEL XR alone resulting in death, coma, or QTc prolongation.

Management of Overdosage

In case of acute overdosage, establish and maintain an airway and ensure adequate oxygenation and ventilation. Gastric lavage (after intubation, if patient is unconscious) and administration of activated charcoal together with a laxative should be considered. The possibility of obtundation, seizure or dystonic reaction of the head and neck following overdose may create a risk of aspiration with induced emesis. Cardiovascular monitoring should commence immediately and should include continuous electrocardiographic monitoring to detect possible arrhythmias. If antihemorrhagic therapy is administered, disopyramine, procainamide and quinidine carry a theoretical hazard of additive QT-prolonging effects when administered in patients with acute overdosage of SEROQUEL XR. Similarly it is reasonable to expect that the α -adrenergic-blocking properties of bretylium might be additive to those of quetiapine, resulting in problematic hypotension.

There is no specific antidote to SEROQUEL XR. Therefore, appropriate supportive measures should be instituted. The possibility of multiple drug involvement should be considered. Hypotension and circulatory collapse should be treated with appropriate measures such as intravenous fluids and/or sympathomimetic agents (epinephrine and dopamine) should not be used, since β stimulation may worsen hypotension in the setting of quetiapine-induced α blockade. In cases of severe extrapyramidal symptoms, anticholinergic medication should be administered. Close medical supervision and monitoring should continue until the patient recovers.

PATIENT COUNSELING INFORMATION

Information for Patients

[See Medication Guide in full Prescribing Information]

Prescribers or other health professionals should inform patients, their families, and their caregivers about the benefits and risks associated with treatment with SEROQUEL XR and should counsel them in its appropriate use. A Patient Medication Guide about "Antidepressant Medicines, Depression and other Serious Mental Illness, and Suicidal Thoughts or Actions" is available for SEROQUEL XR. The prescriber or health professional should instruct patients, their families, and their caregivers to read the Medication Guide and should assist them in understanding its contents. Patients should be given the opportunity to discuss the contents of the Medication Guide and to obtain answers to any questions they may have.

Patients should be advised of the following issues and asked to alert their prescriber if these occur while taking SEROQUEL XR.

Clinical Worsening and Suicide Risk

Patients, their families, and their caregivers should be encouraged to be alert to the emergence of anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia (psychomotor restlessness), hypomania, mania, other unusual changes in behavior, worsening of depression, and suicidal ideation, especially early during antidepressant treatment and when the dose is adjusted up or down. Families and caregivers of patients should be advised to look for the emergence of such symptoms on a day-to-day basis, since changes may be abrupt. Such symptoms should be reported to the patient's prescriber or health professional, especially if they are severe, abrupt in onset, or were not part of the patient's presenting symptoms. Symptoms such as these may be associated with an increased risk for suicidal thinking and behavior and indicate a need for very close monitoring and possibly changes in the medication [see **Warnings and Precautions**].

Increased Mortality in Elderly Patients with Dementia-Related Psychosis

Patients and caregivers should be advised that elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death compared with placebo. Quetiapine is not approved for elderly patients with dementia-related psychosis [see **Warnings and Precautions**].

Hyperglycemia and Diabetes Mellitus

Patients should be aware of the symptoms of hyperglycemia (high blood sugar) and diabetes mellitus. Patients who are diagnosed with diabetes, those with risk factors for diabetes, or those that develop these symptoms during treatment should be monitored [see **Warnings and Precautions**].

Hyperlipidemia

Patients should be advised that elevations in total cholesterol, LDL and triglycerides may occur [see **Warnings and Precautions**].

Weight Gain

Patients should be advised that they may experience weight gain [see **Warnings and Precautions**].

Neuroleptic Malignant Syndrome (NMS)

Patients should be advised to report to their physician any signs or symptoms that may be related to NMS. These may include muscle stiffness and high fever [see **Warnings and Precautions**].

Orthostatic Hypotension

Patients should be advised of the risk of orthostatic hypotension (symptoms include feeling dizzy or lightheaded upon standing, which may lead to falls), especially during the period of initial dose titration, and also at times of re-initiating treatment or increases in dose [see **Warnings and Precautions**].

Leukopenia/Neutropenia

Patients with a pre-existing low WBC or a history of drug induced leukopenia/neutropenia should be advised that they should have their CBC monitored while taking SEROQUEL XR [see **Warnings and Precautions**].

Interference with Cognitive and Motor Performance

Patients should be advised of the risk of somnolence or sedation (which may lead to falls), especially during the period of initial dose titration. Patients should be cautioned about performing any activity requiring mental alertness, such as driving a motor vehicle (including automobiles) or operating machinery, until they are reasonably certain quetiapine therapy does not affect them adversely. Patients should limit consumption of alcohol during treatment with quetiapine [see **Warnings and Precautions**].

Pregnancy and Nursing

Patients should be advised to notify their physician if they become pregnant or intend to become pregnant during therapy. Patients should be advised not to breast feed if they are taking quetiapine [see **Use in Specific Populations**].

Concomitant Medication

As with other medications, patients should be advised to notify their physicians if they are taking, or plan to take, any prescription or over-the-counter drugs [see **Warnings and Precautions**].

Heat Exposure and Dehydration

Patients should be advised regarding appropriate care in avoiding overheating and dehydration [see **Warnings and Precautions**].

This summary provides important information about SEROQUEL XR. For more information, please ask your doctor or health care provider about the full Prescribing Information and discuss it with them.

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Distributed by:

AstraZeneca Pharmaceuticals LP

Wilmington, DE 19850

SIC 35264-03 289953 Rev. 10/09

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ON THE COVER AND ABOVE: President Obama speaks at the U.S. Military Academy at West Point on Dec. 1.

Photographs for TIME by Christopher Morris—VII

TIME (ISSN 0040-781X) is published weekly, except for two issues combined at year-end, by Time Inc. Principal Office: Time & Life Building, Rockefeller Center, New York, N.Y. 10020-1393. Ann S. Moore, Chairman, CEO. Periodicals postage paid at New York, New York, and at additional mailing offices. Canada Post Publications Mail Agreement No. 40110178. Return undeliverable Canada addresses to: Postal Stn A, P.O. Box 4322, Toronto, Ont., M9W 3G9; GST #122781974RT © 2009 Time Inc. All rights reserved. Reproduction in whole or in part without written permission is prohibited. TIME and the Red Border Design are protected through trademark registration in the United States and in the foreign countries where TIME magazine circulates. U.S. subscriptions: \$49 for one year. Subscribers: If the Postal Service alerts us that your magazine is undeliverable, we have no further obligation unless we receive a corrected address within two years. Postmaster: Send address changes to TIME, P.O. Box 30601, Tampa, Fla. 33630-0601. CUSTOMER SERVICE AND SUBSCRIPTIONS—For 24/7 service, please use our website: www.time.com/customerservice. You can also call 1-800-843-TIME or write to TIME at P.O. Box 30601, Tampa, Fla. 33630-0601. Mailing list: We make a portion of our mailing list available to reputable firms. If you would prefer that we not include your name, please call, or write us at P.O. Box 60001, Tampa, Fla. 33630, or send us an e-mail at privacy@time.com. Printed in the U.S.

10 Questions.

The Foo Fighters guitarist talks Nirvana, *Greatest Hits* and chewing gum.

Dave Grohl will now take your questions

With the release of *Foo Fighters Greatest Hits*, which would you say is your favorite Foo Fighters song?

Peter Etchells
BRISTOL, ENGLAND

The *Greatest Hits* record is kind of like a Cliffs Notes version of the Foo Fighters catalog. These are the songs that most people know. But [Foo Fighters have] 65 other tracks. Some of those are probably the ones that I love the most, like "Aurora" off the third album. Every one of these songs lyrically represents something personal to me.

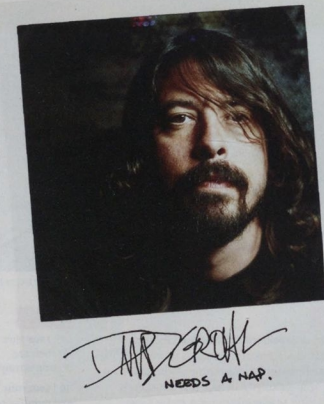
Is *Greatest Hits* a goodbye or more of a "See you later"?

Jason Wieder
WILLOWBROOK, ILL.

Of course, we feel like for us to put out an album titled *Greatest Hits* would maybe insinuate that we've got nothing left. I look at it as the end of Chapter 1—the first 15 years. I never thought we would last more than two albums. It wasn't meant to be a band. I would've called it something else if it were meant to be a band. Something other than Foo Fighters, I swear.

Has becoming a father changed the way you write music?

Jennifer Arnold, Gilbert, ARIZ.
I used to tour nine months out of the year. Now I don't like being away from my kids for more than 12 days. It's changed everything that I do. When you have kids, you see life through different eyes. You feel love more deeply and are maybe a little more compassionate. It's inevitable that that would make its way into your songwriting.



Do you think you would've had the same success you have now if you hadn't been a member of Nirvana?

Jose Unamuno, Orlando, FLA.
No. Absolutely not. I always felt fortunate to have been in that band. I've always felt it was incredibly unfortunate how it ended. But I know that if it weren't for that band, I wouldn't be here right now.

Who do you think is the best new band out there now?

Kaitlyn Estona
TEMECULA, CALIF.
I have a lot of favorite bands. Deerhoof are amazing. You can't go wrong with a name like Deerhoof. I get happy for bands when they get really successful, because I remem-

ber what it was like. Like Kings of Leon—I'm happy for those guys. When I hear live drums and real guitars and people singing on the radio, it makes me feel that there's still hope for this world.

How do you manage to scream consistently in your songs and still have one of the best singing voices around?

Kristin Wolf
WEST MANSFIELD, OHIO
I've been destroying my voice for, like, 15 years. My vocal cords probably look like string cheese at this point.

What kind of gum do you chew? You are chewing gum all the time; it must be awesome gum.

Brett Michael Schmitz
FOND DU LAC, WIS.

I'll chew any kind of gum. I have to when we play live because all that screaming will dry out your throat. The last thing you want to do is gag and barf in front of 20,000 people.

What are your musical influences?

Reyes Ceniceros
MONTERREY, MEXICO
My father was a classically trained flutist, and my mother sang. So there was always music in the house. It wasn't until I got the Beatles albums that I really fell in love with rock 'n' roll. I learned how to play drums from listening to Led Zeppelin.

What's your take on music piracy?

Nik Gaudreau
BLOOMSBURG, PA.
I don't have a problem with people downloading music. To me the important thing is that people come to the shows and see the music live and have that personal experience with the band. I've made a decent living making music. I'd feel greedy if I asked for more.

You play many different roles in your various musical endeavors. Which do you enjoy the most?

Rebecca Brock
ALPHARETTA, GA.
I love being a drummer. Everyone thinks you're dumb. What they don't realize is that if it weren't for you, their band would suck.



VIDEO AT TIME.COM
To watch an interview with Dave Grohl and to subscribe to the 10 Questions podcast on iTunes, go to time.com/10Questions

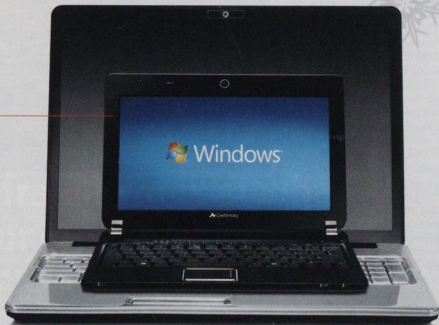


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BY RICHARD B. STOLLEY

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THE COYOTES HAVE LOPED OFF, AND the rattlesnakes have crawled under the construction trailers for shade and safety. Bulldozers have scraped away the mesquite to make a board-flat rectangle 10,000 ft. by 200 ft. Workers have begun putting down layers of gravel, packed earth, asphalt and concrete 42 in. thick to form a runway. The age of space tourism is here.

This expanse of high desert 35 miles southwest of Truth or Consequences, N.M., is the site of Spaceport America, a collaborative effort between the state and Richard Branson's space enterprise, Virgin Galactic, that hopes to send private citizens into near orbit as early as 2011. New Mexico is spending \$198 million on construction; Virgin Galactic will lease the place for 20 years at a price of \$200 million to \$250 million.

Not far from the runway, a hangar will be erected to house *WhiteKnightTwo* and *SpaceShipTwo*, the tandem craft designed by aerospace engineer Burt Rutan. *WhiteKnightTwo* is being test-flown now; *SpaceShipTwo* makes its public debut in Mojave, Calif., on Dec. 7. Together, they will carry two pilots and six passengers to an altitude of 70 miles—the edge of space. Passengers will enjoy five minutes of eerie silence and weightlessness (floating somersaults are allowed) and 1,000-mile views in all directions before a half-hour glide back to earth. Tickets cost \$200,000, and 300 people have already signed up.

Proponents hail this remote corner of New Mexico as an ideal location for a spaceport: the weather is dry and clear year round, and at 4,500 ft. above sea level, jokes Steve Landeene, the spaceport's executive director, "the first mile is free." Physicist Robert Goddard developed modern rocketry here in the 1930s; in 1947, a mysterious object crashed to earth outside Roswell, making the town synonymous with UFO conspiracy theories.



Stratospheric fares Tickets at Spaceport America (architect's rendering) will start at \$200,000

Thanks to the restricted airspace over the neighboring White Sands Missile Range and Holloman Air Force Base, there's also hardly any commercial air traffic.

In 2005, Branson and Governor Bill Richardson signed a deal under which the legislature would put up \$140 million if two of the three counties adjoining the spaceport also contributed. Dona Ana and Sierra counties agreed and so far have raised \$58 million for the project. Voters in the third county narrowly rejected the idea last November.

Indeed, not all New Mexicans are enthralled by the spaceport. Having toured the state, Landeene sums up taxpayers' objections this way: "It's rich men into space. Why in heck are we paying for Richard Branson? It's his deal. Let him do it." Ranchers in the area have also complained that they've had to reduce the size of their herds and move cattle away from the construction, though compromises are slowly being worked out.

Supporters expect the project to mean great things for the Land of Enchantment. With site tours and a museum planned, organizers hope to welcome

1 million visitors annually. An independent study has forecast up to 5,000 new jobs and a \$1 billion boost to the region's economy as Virgin Galactic and other aerospace companies move from tourism into commercial spaceflight like low-cost satellite launches.

Before New Mexico meets its future, however, it has to reckon with its past. Human habitation here dates back 12,000 years; in the 16th century the storied Camino Real—a 1,500-mile trade route from Mexico City to San Juan Pueblo, near Santa Fe—passed through the spaceport site. Because of this history, the Federal Government required a cultural-resources survey before construction could begin, as well as constant monitoring since. So on this balmy afternoon, archaeologist Elizabeth Oster is examining a spot she says is "right smack in the middle of the runway." If she unearths anything of scientific importance, the area will have to be excavated before construction can proceed. By the end of the day, Oster has found some stone chips, probably residue from a 5,000-year-old Paleo-Indian arrowhead. It's not enough to recommend a shutdown. The earthmovers roar to life again.



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Business Books. Drop that credit card!

Frugality is the new chic, and belt-tightening is all the rage. Three authors show how to find true contentment with less stuff

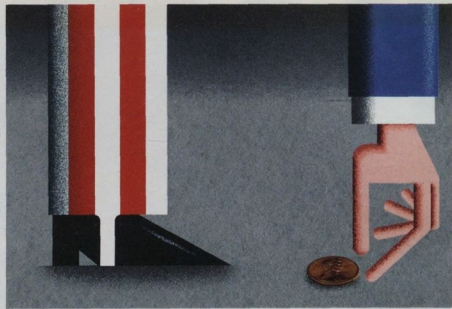
BY ANDREA SACHS

THE ENGLISH LANGUAGE IS ROUGH on those who are determined to hold on to their money. If your style is to limit your bank withdrawals, get ready to be labeled parsimonious, penny-pinching, miserly, niggardly or cheap: in short, a skinflint. In recent decades, though, there have been fewer and fewer people in those categories. Americans have been more likely to reach for their credit cards, or to scramble to sign new mortgages.

But the national romance with consumer debt seems to be coming, at least for now, to a screeching halt because of the realities of the Great Recession. Belt-tightening, whether it's imposed by job loss or financial insecurity, is de rigueur. The savings rate is 4.4%, up from its 2007 rock-bottom level. Book publishers are hurrying to catch up with the rediscovered restraint. Three authors with new books are eager to restore fiscal conservatism to its proper, vaunted role. Being thrifty has become a badge of honor.

Chris Farrell, the economics editor for public radio's *Marketplace Money*, is the most optimistic of the lot. "Profligacy is out. Frugality is in," he declares in his inspirational self-help book, *The New Frugality: How to Consume Less, Save More, and Live Better*. Farrell is so enthusiastic in his mission to promote a more sensible lifestyle that he makes the reader want to burn a credit card. Save more, pay off your debts and borrow less, and you can join Farrell's brigade.

Befitting his role as a personal-finance adviser, Farrell has plenty of penny-pinching commandments at the ready. "Clip coupons," he intones. "Watch for sales. Trim cable, cell-phone and Internet costs. Don't pay ATM fees. Find no-fee checking and savings accounts. In the winter, turn down the thermostat, and in the summer, use ceiling fans instead of air-conditioning. Feed your family home-cooked meals and take the leftovers for your lunch at work."



The New Frugality: How to Consume Less, Save More, and Live Better

By Chris Farrell; Bloomsbury; 229 pages

Thrift: Rebirth of a Forgotten Virtue

By Theodore Roosevelt Malloch;
Encounter; 238 pages

Scroogenomics: Why You Shouldn't Buy Presents for the Holidays

By Joel Waldfogel; Princeton; 173 pages

It's not all about money, though, says Farrell. Taking an unexpected turn, the author writes that going green is an aspect of contemporary thrift. Being mindful of the earth is a corollary of being frugal: "Being energy conscious at home, buying clothes at yard sales and vintage stores, and similar thrifty actions both save money and reduce our impact on the planet." Simplify, simplify, simplify.

Complexity is the mode of the second author, Theodore Roosevelt Malloch, whose book *Thrift: Rebirth of a Forgotten Virtue* may be tough sledding for the non-Ph.D. reader. Malloch, who has held positions at the U.N., the Senate Committee on Foreign Relations and the State Department, writes with passion in an ambitiously

academic style. He examines the history of the concept of thrift—the root of the word is an Old Norse verb meaning "to thrive"—citing the contributions of the Scots and Calvinists. Malloch, like Farrell, considers frugality a moral imperative as well as an economic necessity. "Thrift is positive, wise, prudent, intelligent, grateful and always self-controlled," he writes.

So is putting a lid on the \$65 billion spent annually on holiday gifts, says Professor Joel Waldfogel of the Wharton School. Waldfogel, the author of *Scroogenomics: Why You Shouldn't Buy Presents for the Holidays*, insists his theory is solid economics, not bah, humbug. "As an institution for 'allocating resources' (getting stuff to the right people), holiday giving is a complete loser." If you spend \$50 on yourself, he explains, you'll get something worth \$50 to you. But if your Aunt Bernice buys you a \$50 Christmas gift, she's likely to buy something that's worth nothing to you. In economic terms, that's a "deadweight loss." But if you fail to buy Aunt Bernice a Christmas gift in return, that's a family disgrace, even during a recession. Skinflint relative? Thrifty nephew? Your call.



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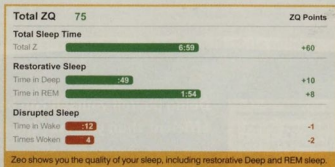
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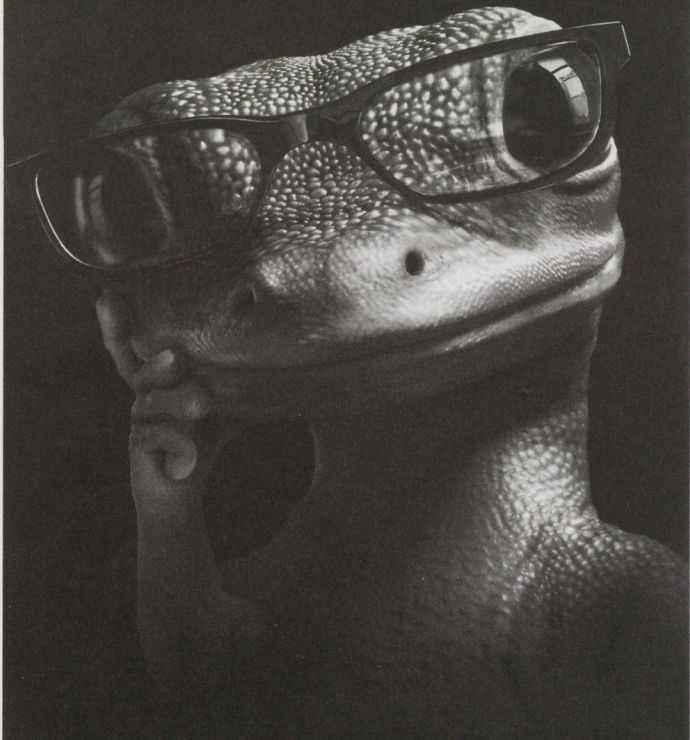
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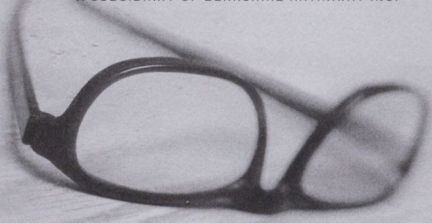
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Inbox

The Art of Letting Go

Thank you, Nancy Gibbs, for making some sense when it comes to parenting [Nov. 30]. I have a 3-year-old girl and a boy on the way, and the barrage of what not to do is daunting. (Don't eat deli meat! Don't color your hair! Don't even look at wine!) Love your kids like mad, provide boundaries, be consistent, listen and laugh and occasionally let them be. I worry that in parents' desire to be the best parents, they forget it is also supposed to be fun. I worry more that we are creating narcissistic kids who believe the world orbits around their every whim.

Heather Hach Hearne, LOS ANGELES

I'm 87 years old, and when I was a child, men worked, women kept house and we children were left to our own devices. We built kites from sticks, newspapers and string; scooters from a piece of 2-by-4 and old roller-skate wheels; stilts from leftover lumber. We played hide-and-seek. Come My Good Sheep, Red Rover, marbles and jacks. We played football and baseball with our own rules and changed them if we wanted to. And what happened to us? We grew up to be the Greatest Generation!

Harold Duket, OCONOMOWOC, WIS.

Much of what Gibbs is talking about is bull, plain and simple. A parent can't be too careful. This is not the '50s, when you could leave your door open at night to help cool the house. Sad, but true nonetheless.

James Schriver, JACKSONVILLE, FLA.

Gibbs suggests that overparenting is due to our obsession with kids' achievement, but there is another explanation. When I was growing up in the 1980s, many mothers entered the workforce full time; the trend was an economic boon, but it also created problems. For hours after school, kids languished at home alone or entered overcrowded programs. Unlike earlier generations, parents now tend to have fewer kids and more modern conveniences. We have the freedom to rebel against the '80s era and be more involved. Overparenting may be on the decline partly because of economics and not strictly a philosophical backlash.

Lodi Lipien, TAMPA, FLA.

Kudos and thank you from a mom who has let her children bike to the convenience store, walk along a country road to find a lost phone, figure out public transit to a city high school and study and volunteer abroad. I'm still not ready to hear what they did when we weren't looking... but I do know there are no perfect kids or perfect parents. Every day you say a little prayer.

Karen Campbell, MALVERN, PA.

DISSENT OF THE WEEK

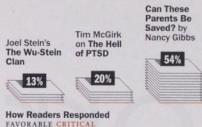
While your story was well written and researched, it pretty much overlooked all but rich, suburban whites. What world is the writer living in? Certainly not the inner New York City one in which I teach college—the real, food-insecure world that represents the 21st century American experience for many of us. Most working parents I know are too busy trying to put food on the table to have time for “overparenting.”

Henry Bentsen, STATEN ISLAND, N.Y.

SOUND OFF

‘The media’s fear of Sarah Palin’s brains, charm, values, decisiveness and, yes, experience continues with your Tuned In column.’

Robert Bickmeyer, TROY, MICH., responding to James Poniewozik's Nov. 30 column, “Survivor: Alaska”



A major reason parents overschedule kids is to pull them away from mind-numbing electronic devices. Also, shame on you for underplaying how members of the media fuel parental protectiveness. It would be much easier to loosen the grip if the media stopped preying on parents' worst fears.

Ellen Weisman Strenger, LINWOOD, N.J.

Gibbs cites the explosion of parenting websites as “among the most powerful weapons” in the war against overparenting. But we'll never restore children's right to play until the legal system protects the freedom to let kids take the normal risks of childhood. Until then, out of fear of litigation, recess will continue to be banned at schools across the country, park officials will remove jungle gym that might attract a child over 5 and parents will feel a legal need to hover on playdates.

Philip K. Howard, NEW YORK CITY

As a parenting psychologist for more than 20 years, I am struck by how often parents are overcontrolling until their child hits adolescence. As soon as said child shows signs of rebellion, many parents abdicate all control because the fight becomes too difficult. Teens are now let loose to drink, smoke and experiment sexually with little guidance. Since they were not taught to develop internal controls, they have great difficulty with impulse control. Really, being a little less controlling when your children are young and a little more so when they are older is a much better formula.

Susan S. Bartell, PORT WASHINGTON, N.Y.

Gibbs' article was excellent, yet what's needed is not merely a backlash but an evolution toward something better. I suggest that a solution might be found in remembering that children learn by

SETTING THE RECORD STRAIGHT

► In “Fat Fees and Smoker Surcharges,” we misidentified the executive director of the North Carolina State Health Plan [Nov. 30]. He is Jack Walker, not Jack Walter.

► In the 50 Best Inventions item “The Smart Bullet,” we reported that an XM25 bullet can detonate up to 3 m beyond an obstruction [Nov. 23]. In fact, the gun's bullet can be programmed to detonate at any point within the weapon's range.

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MIXED BAG Joel Stein's Nov. 30 Awesome Column detailed his and his wife Cassandra's decision to appoint close friends as caretakers for the couple's 7-month-old son Lasso in the event that they both died. A vocal group of readers, some amused and some annoyed, wrote to give Joel a piece of their mind

I Laughed ...

I loved it! One question: Is the family still speaking to Joel after this?
Mary Ellen Slater, MEDWAY, MASS.

I laughed, of course, when I read Joel's column—but I also nodded, because my husband and I made a similar decision when it came to choosing guardians for our daughters. Much as we love our families, our best friends are much more likely to raise our kids in the way that we would.

Holly Rice, FARMINGTON, MAINE

What the hell? Joel Stein should be writing for *Saturday Night Live!*
Tony Shields, FOPPLA, MONT.

STEIN RESPONDS: I didn't use godparent in the story; that was my editor. And I cannot believe my mom would hide behind a pseudonym as lame as Susan Bairsty of Chelsea, Mich. Come on, Mom, that's not even a real place.

I Cried ...

Does Stein really think his son would pass on Grandma and Grandpa or other family in favor of what amounts to moving in with a neighbor? Really, Joel, choosing "demographics over love" is plain old horse poop.
Susan Bairsty, CHELSEA, MICH.

I don't know whom Stein is looking for, but it's not godparents, at least not in any Jewish or Christian tradition I've seen. Godparents are charged with spiritual upbringing, not literal child-rearing in the event of a tragedy.

Paul Lutz, PRINCETON JUNCTION, N.J.

I don't believe that Stein meant any harm, but the line "after taking all those babies, we owe the Chinese at least one kid" was incredibly insensitive and not the least bit funny. As the parent of a child adopted from China, I watch my daughter struggle every day to make peace with the facts of her birth, abandonment and subsequent adoption. These babies were relinquished by their birth parents and adopted into families who love them mightily.

Darlene Friedman, SPRINGFIELD, PA.



example. Throughout history and across cultures, that seems to be the most succinct expression of what defines a good parent.

Ken Westmoreland, FUKUOKA, JAPAN

I Don't Cry for You, Macy's

Re Bill Saparito's The Moment [Nov. 30]: It's ridiculous to encourage Americans to spend themselves into further trouble this holiday season. It used to be "American" to spend more than you had. Retailers have had their way for years. Now that Americans are more frugal, stores weep about their lost 30% markups. Does anyone really care about that now? Most people are trying to hold on to their homes, their savings, their retirements. There is nothing wrong with a little Pilgrim virtue when it comes to saving more and spending less.

Bruce McPhee, WEST YARMOUTH, MASS.

The Palin Show

Re "Survivor: Alaska" [Nov. 30]: Since I have no intention of buying Sarah Palin's book, I decided to watch her on *The Oprah Winfrey Show*. She is telegeric. She did not put her

foot in her mouth. I don't blame Palin for taking advantage of her moment—writing a book, making money. That is the American way. But don't ask me to believe that she has anything to contribute to serious political discourse in this country.

Arelly Gonnering, BEAVER DAM, WIS.

Preventing Breast Cancer

Re the Spotlight on the new mammogram guidelines [Nov. 30]: Let me see if I have this straight. The U.S. Preventive Services Task Force felt that the cost of women experiencing "risks" like anxiety outweighed the benefits of mammogram screening for women under age 50? Despite the fact that yearly screening for this age group "unquestionably" reduced the risk of dying 15%? I am 41, and let me be the first to tell Dr. Diana Petitti—who found the public backlash "surprising"—that I find it more anxiety-provoking to know that my risk of dying from breast cancer may go up 15% if my insurance carrier decides to agree with her panel's recommendation.

Beth Tobey Cholette, PENFIELD, N.Y.

Veterans and PTSD

Thanks for the article on posttraumatic stress disorder "The Hell of PTSD" [Nov. 30]. I fear that these young vets, whose challenges include a lack of veteran centers in rural states and the special needs of female vets who have been abused during military service, will be demonized because of tales of crime and may face discrimination, especially in a tight job market. This could be a good follow-up article. Mark Waddell, the vet you profiled, is still a leader. As a 'Nam vet with PTSD and a veterans' services representative, I think Waddell and his wife are doing more good than they'll ever know.

Doug Nelson, SAN JOSE, CALIF.

Obama 2.0

Following Obama attorney Greg Craig's exit, we need an analysis of who "won" in this reversal of campaign promises [Nov. 30]. Why did Craig and his team, who were carrying out Obama's original promises, lose? What does this portend for the shape of the Obama Administration long-term?

William Gloege, SANTA MARIA, CALIF.



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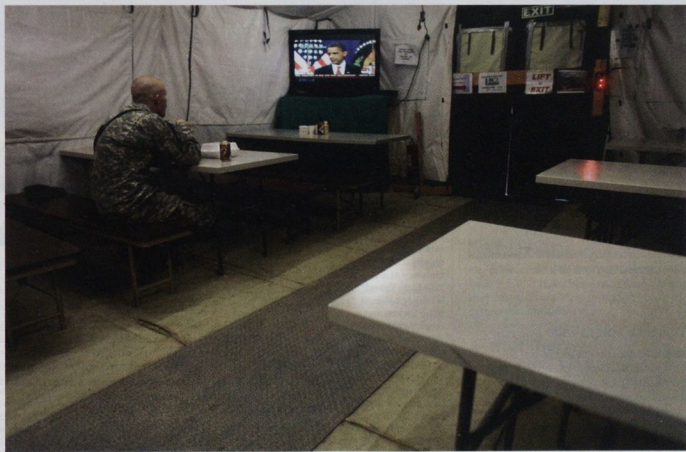
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Briefing

THE WORLD VERBATIM HISTORY MILESTONES



The Moment

12.10.09

Forward Operating Base Airborne,
WARDAK PROVINCE, AFGHANISTAN

‘At the end of the day, the success of this operation will be determined in the minds of the Afghan people ... It’s not the number of people you kill; it’s the number of people you convince. It’s the number of people that don’t get killed ... It’s the number of children that do get to go to school. And as we increase our force numbers, we also increase our force capability because we understand that better.’

—GENERAL STANLEY MCCHRYSTAL, on President Obama’s plan to send 30,000 more troops to Afghanistan

The World

10 ESSENTIAL STORIES



Ahmadinejad: Foes can't do a "damn thing" to stop our nuclear program

1 | Iran

Tehran's Tough Talk

Bristling at a censure issued by the International Atomic Energy Agency over its failure to comply with weapons inspectors, Iran vowed to significantly expand its controversial nuclear program by constructing 10 large facilities capable of generating 20,000 MW of electricity and 250 to 300 tons of nuclear fuel annually. President Mahmoud Ahmadinejad also stirred up concerns by declaring that Iran would move to enrich uranium to a far higher level of purity than it does now. Experts mostly dismissed the expansion plan as bluster, arguing that Iran lacks the industrial infrastructure to meet its ambitious targets. The country's lone existing facility, at Natanz, holds about 8,000 operating nuclear centrifuges; the proposal envisions some 500,000.

2 | North Korea

Everything Is Worth Less

North Korea, home of one of the world's most cloistered economies, tackled its soaring inflation rate on Nov. 30 by quietly revaluing its currency at a rate of 100 to 1. The move is widely believed to be an attempt to crack down on private businesses that operate outside the government's control. North Koreans will be able to exchange the equivalent of \$40 in old currency for the new bills; anything over that will be lost. North Korea has conducted four previous currency exchanges, each one highly publicized. This time the government has remained tight-lipped. Pyongyang watchers report protests against the revaluation.

3 | Washington

Supreme Court: For Now, U.S. Can Withhold Detainee Photos

In a win for the White House, the Supreme Court directed a federal appeals court to revisit its 2008 ruling that required the U.S. to release dozens of photos of American soldiers abusing detainees in Iraq and Afghanistan. The justices cited an October change to federal law that allows the Secretary of Defense to withhold the pictures. President Obama did not initially oppose the request by the American Civil Liberties Union (ACLU) to make the images public but reversed course after advisers convinced him the images could endanger U.S. troops by stoking anti-American sentiment. "We continue to believe that the photos should be released," ACLU legal director Steven Shapiro said. "No democracy has ever been made stronger by suppressing evidence of its own misconduct."

4 | Seattle

Suspect Slain

Ending a two-day manhunt, a police officer shot and killed Maurice Clemmons, a 37-year-old ex-con suspected of gunning down four other officers in a coffee shop near Tacoma, Wash. Police charged Clemmons' associates with aiding his flight from justice.



5 | Detroit

Another GM Chief Is Shown the Door

In a surprise shake-up, General Motors CEO Fritz Henderson was ousted by the company's board after just eight months on the job. The troubled auto giant—now 60% owned by the U.S. government—has shown modest signs of economic improvement, but Henderson, a company veteran, clashed with directors seeking quicker change. Chairman Ed Whitacre, a former head of AT&T, will take over as interim CEO.

MARCH 30 Henderson is named CEO after the White House forces out former boss Rick Wagoner	APRIL 27 GM announces plans to slash 21,000 jobs, close dealerships and drop the Pontiac brand. Saturn, Saab and Hummer go on the block	JUNE 1 The company files for bankruptcy, emerging on July 10 as a leaner operation	NOV. 17 GM reports a relatively small \$1.2 billion quarterly loss and says it will start repaying \$50 billion in federal aid	DEC. 1 Henderson is abruptly fired

Numbers:

22%

Percentage of Americans who say they prefer the greeting "Happy Holidays" over "Merry Christmas"

\$3

MILLION

Average pay of professional baseball players in 2009—the lowest level since 2004



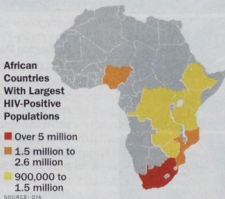
6 | Russia

LUXURY TRAIN ATTACKED Moscow officials are blaming Islamic extremists for the Nov. 27 bombing of the Nevsky Express, which shuttles many dignitaries between St. Petersburg and the capital. Twenty-seven people were killed—including two heads of government agencies—and nearly 100 injured by militants suspected to be from the volatile Caucasus region, the location of republics like Ingushetia and Chechnya. A security analyst noted that agitating forces in the area “are not interested in local nationalism or separatism but see themselves as being at war with Russia.”

7 | Honduras

Meet the New Boss (Maybe)

Honduras has a new President, at least in name: wealthy cattle rancher Porfirio Lobo, who won 56% of the vote in the nation's Nov. 29 elections. But supporters of ousted President Manuel Zelaya, deposed in a June coup, are urging Hondurans to reject the new government, while neighboring states have said they will not restore ties unless Zelaya is reinstated to finish his term. The U.S. is under fire for saying it would recognize Lobo's government regardless.



8 | South Africa

Zuma Expands HIV Care

Declaring a new “era of openness” in the nation with the world's largest HIV-infected population, President Jacob Zuma vowed to extend free antiretroviral drugs in 2010 to HIV-positive infants under 1 as well as pregnant women and patients with low T-cell counts who suffer from tuberculosis and AIDS. The move marks a break from former President Thabo Mbeki's denial of the HIV threat.

9 | Washington

Gate Crasher-Gate!

The Secret Service is investigating how a pair of socialites and aspiring reality TV stars crashed a White House state dinner. Michaela and Tareq Salahi, who met the President and Vice President at the Nov. 24 gala, insist they were invited; the two could face criminal charges.



Campaign posters promote the ban on minarets; Switzerland is home to four such towers

10 | Switzerland

A Ban on Minarets

Muslim and European leaders have denounced a Swiss referendum to block the construction of minarets—mosque towers from which Muslims are called to prayer—as discriminatory and xenophobic. More than 57% of voters supported the ban, put forward by the far-right Swiss People's Party. “It is a bad answer to a bad question,” an official from the Organization of the Islamic Conference told reporters. “I fear that this kind of thing is simply a gift to extremism and intolerance.”

★ | What They're Opening in China:

For a country that censors reports on the scope of its HIV/AIDS crisis and until 2001 deemed homosexuality a mental illness, China's announcement on World AIDS Day that it would open its first state-sanctioned gay bar came as a shock—especially after officials divulged that \$18,000 in public funds would be used to create a lounge that would offer free condoms and lectures on safe sex. The bar in Yunnan province—a region that contains nearly a quarter of China's reported HIV and AIDS cases—was set to open Dec. 1, but the launch has been delayed following an outcry over the cost to taxpayers.

11

Maximum number of Goldman Sachs employees reportedly allowed to meet outside the office, according to a new company rule aimed at quashing lavish holiday parties

1,000

Estimated number of reality-show participants on TV at any given moment, according to one industry expert's analysis



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Verbatim

'I have let my family down, and I regret those transgressions with all of my heart.'

TIGER WOODS, in a statement, responding to allegations that he had conducted an extramarital affair. The rumors were fueled by a mysterious one-car accident, supposedly triggered by a domestic spat, outside the golfer's Florida estate on Nov. 27



'I'm keeping my champagne on ice.'

ROLF HEUER, director general of the European Organization for Nuclear Research, on refraining from celebrating after the Large Hadron Collider broke the record for proton acceleration on Nov. 30, sending the particles hurtling at an energy of 1.18 trillion electron volts



'He stole my technique.'

MUNTAZER AL-ZAIDI, the Iraqi journalist who spent nine months in prison for throwing his shoes at former President George W. Bush in 2008, joking after a fellow journalist hurled his shoe at al-Zaidi. The assailant accused him of "working for dictatorship"



'Afghans regard war only as an attempt to enslave them.'

VICTOR YERMAKOV, a Soviet-army commander who fought in Afghanistan during the '80s, arguing that the U.S. is waging an "unwinnable" campaign



'It's almost as if Iran is trying to parody a gratuitously cruel, dictatorial regime.'

KARIM SADIADPOUR, an analyst at the Carnegie Endowment for International Peace in Washington, responding to reports that the Iranian government confiscated the 2003 Nobel Peace Prize of Shirin Ebadi (right). Iranian officials have denied the accusation



'A woman who had everything lost her life to have a slightly firmer behind.'

ROBERTO PIAZZA, a friend of Solange Magnano, a former Miss Argentina, who died Nov. 29 of a pulmonary embolism after undergoing an elective gluteoplasty in Buenos Aires



'Every movie I've ever been in, I just avoid.'

ALEC BALDWIN, vowing to quit acting in 2012 because he considers his big-screen career a "complete failure," during an interview to promote his new film, *It's Complicated*



TALKING HEADS

Paul Krugman

Urging the government to work to combat the soaring U.S. unemployment rate in the New York Times:

"If you're looking for a job right now, your prospects are terrible. There are six times as many Americans seeking work as there are job openings ... You might think, then, that doing something about the employment situation would be a top policy priority. But now that total financial collapse has been averted, all the urgency seems to have vanished from policy discussion, replaced by a strange passivity ... This is wrong and unacceptable." —11/29/09

Harry Shearer

Criticizing the White House gate crashers' reality-TV aspirations on the Huffington Post:

"This should be the year that made clear the distinction between the publicity-hungry, irremediably ego-needy actual denizens of show business (like myself) and the way more grotesquely hungry and ego-needy residents of the show-business underworld known charitably as 'reality TV' ... It was obvious something was adrift, or ajar, when the phrase 'reality-TV star' began to be written and uttered with no trace of irony." —11/27/09

Ross Douthat

Arguing in the New York Times that liberals have squandered the opportunity to use the recession to "midwife an enduring majority":

"[The] suspicion of state power can trump disillusionment with free markets ... The more that Democrats flail in the present, the more likely it becomes that the Great Recession will be remembered as the time when liberalism let the future slip away." —11/29/09

Brief History

Dubai



DUBAI, THE ARAB WORLD'S GLITTERING, GOLDEN EMBODIMENT of capitalism, is broke. On Nov. 25, the emirate announced it would postpone payments on some of its \$80 billion in debt, sending markets into a tailspin.

While Dubai's origins are largely a mystery, what is now a Rhode Island-size principality on the Persian Gulf was just a pearl-fishing village when its current rulers, the Maktoum family, took over in 1883. Along with those of other Arab emirates, its fortunes changed abruptly in 1966 with the discovery of oil. But compared with its neighbors, Dubai had limited reserves, prompting its rulers to turn to other industries to fuel their bold economic aspirations. Starting in the 1980s, at the prompting of Sheikh Mohammed bin Rashid al-Maktoum, then the crown prince, Dubai fashioned itself into a free-trade oasis. It opened a tax-free infotech hub, Dubai Internet City, in 2000, to attract technology companies; media, finance and maritime projects soon followed.

Thanks to massive spending (and borrowing) by its state-owned development companies, Dubai was soon every inch the global financial center. It's home to the sail-shaped Burj al-Arab, the most expensive hotel in the world, and the unfinished 160-story Burj Dubai, the planet's tallest building. Its coastline has sprouted archipelagoes of man-made islands shaped to represent a date palm and a map of the world.

But Dubai's heavily leveraged business ventures couldn't withstand the ever souring economy. In 2008, real estate prices dropped 50%; new construction all but stopped. Sheikh Mohammed has downplayed the rising debt, which some estimate to be more than 100% of GDP. Despite a \$15 billion bailout from Abu Dhabi, the bills are still mounting. Unless they're paid off, it looks as if Dubai's vision of becoming a desert Singapore may be just a mirage. —BY CLAIRE SUDDATH

Dubai at night *The grandiose, entirely man-made Dubai Marina bustles with evening activity*

CASTLES IN THE SAND

1883 Maktoum bin Buti, head of the Maktoum family, takes control of Dubai

1969 Dubai ships its first barrel of oil; export revenue funds development projects

1985 State-run Emirates Air launches amid a tourism boom



2008 The Palm Jumeirah Island complex is finished just before the crash; other projects have been scaled back or shelved

THE SKIMMER



The Moral Underground: How Ordinary Americans Subvert an Unfair Economy

By Lisa Dodson
New Press; 227 pages

IF ONLY THIS BOOK HAD been published in 2007. Then the hundreds of people interviewed by Lisa Dodson would have been able to pass along an important piece of advice: What's good for business is not necessarily good for America. For Dodson and her subjects, American corporations are amoral entities that continue to build their wealth on the backs of the nation's low-income workers. Helping the less fortunate in this context becomes a form of civil and corporate disobedience, and Dodson, a professor of sociology at Boston College, isn't lacking in examples. There's the supervisors who tweak time cards so that employees can take care of their kids, the school nurse who keeps cots in her office so that students in difficult family situations can catch a few hours' sleep, and the doctor who flouts insurance regulations in order to prescribe medicine for an entire household. All see their behavior as necessary and moral acts of conscience. As one subject says, "Sometimes you just have to level the playing field a little."

—BY GILBERT CRUZ

READ

SKIM

TOSS

Milestones



Abe Pollin

ABE BOUGHT THE WASHINGTON Bullets in 1964, when the NBA was still small and not particularly successful. Abe, who died Nov. 24 at 85, was one of nine owners then, and he believed that as the nation's capital, D.C. deserved a good sports team and an appropriate arena. When he decided to

build what is now the Verizon Center in a run-down part of the city without public funding, lots of people said something akin to "Are you crazy?" And his response was always the same: "I want to do it because it's the right thing to do for Washington. And I don't need to be the richest person in the cemetery." Those were his two favorite phrases.

When he first had the idea to change the name of his team from the Bullets to the Wizards, I thought he would forget about it. But Abe forgot about nothing, and it took on a symbolic importance to him. He wanted to be part of the rebirth of Washington.

Abe took enormous pride in the length of his tenure—he was the league's longest-serving owner—and the progress that Washington had made as a

city. From taking his teams to China and Israel, to starting a program called Abe's Table to feed the homeless, and visiting Africa on behalf of UNICEF, he always thought about the right thing to do—no what the cost was to him.

He'd always remind me, "I knew you when you were just a cigar-smoking kid." I yelled at him during our last conversation because I had called to check in on him, and he only wanted to talk about next season; he didn't want to focus on himself. He was worried that his team might have to play three games on the road to open the year. He was generous to a fault and a very good friend. There was no one better than Abe.

—BY DAVID STERN



Stern has been the NBA's commissioner since 1984



Yang Xianyi

YANG XIANYI'S ENGLISH TRANSLATION of the Chinese classic *Dream of the Red Chamber* is a monumental work still found in libraries and bookstores around the world. What makes his endeavor more remarkable was that it was completed during the 1966-76 Cultural Revolution, when scholars were targeted for their interest in

Chinese tradition and foreign learning. Yang, who died Nov. 23 at 94, spent four years in prison at the height of the upheaval, as did his wife Gladys, whom he met while studying at Oxford in the late 1930s.

The couple were devoted to scholarship, not politics. In the early 1950s, Yang declined a prestigious offer to translate Chairman Mao's works into

English, "much preferring to translate classical Chinese literature instead," he wrote in his 2002 autobiography, *White Tiger*. Yang translated works including *The Odyssey* and *Pymalion* into Chinese, and he and his wife collaborated on rendering selections from Sima Qian's *Records of the Historian* and stories by the 20th century writer Lu Xun into English.

But while Yang distanced himself from China's power struggles, he couldn't escape the chaos and cruelty of his era. His son killed himself in 1979 after being sent to work in a factory while his parents were jailed. Yang later denounced the Tiananmen crackdown of 1989. The authorities, perhaps more worried about student activists than septuagenarian scholars, declined to put him back behind bars.

—BY AUSTIN RAMZY

Mike Penner

Most sportswriters are male, gruff, overworked and—as bartenders sometimes put it—overserved.

Michael Penner changed the category. As a Los Angeles Times sportswriter, Penner, who died Nov. 27 at 52, worked even harder than most of his colleagues.

But he also harbored a secret deeper than a love of bourbon: from a very early age, Penner felt that his male genitalia had been misassigned—and that he was, in the most meaningful ways, a woman. In 2007, after 23 years in the business—a career that included covering the Olympics along with professional baseball and football—Penner shocked the sports world by revealing in a 2007 column that after "extensive therapy," he was preparing to begin a new life as Christine Daniels. For reasons that aren't clear, it didn't work out. Penner wrote as Christine Daniels for only a few months before reverting to his original byline. His death is being investigated as a suicide. Penner's editor described him as "capable of reporting on any number of topics with great wit and style"—a compliment any reporter could identify as highest praise. —BY JOHN CLOUD





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James

Poniewozik

Multi-Star Pileup. Two crashes—at the White House and at Tiger's house—show what a wreck celebrity has become

THERE ARE TWO KINDS OF CELEBRITY crash. The first, like Tiger Woods' on Nov. 27, is accidental. You leave your house and drive your car into a tree, 911 is called, the authorities become involved, and the incident cannot be contained by the walls of your estate or the iron grip of your publicist. You give cryptic answers and implore the media (and cops) to respect your privacy. Anyone with further questions can see your official statement.

The second is intentional. You crash a President's state dinner or crash a balloon into a Colorado field. Like Michael and Tareq Salahi, the socialites and *Real Housewives of D.C.* aspirants who swanned into the White House on Nov. 24, you do doughnuts on the lawn of notoriety and smack head-on into the tree of shamelessness. Then you take pictures of the steaming wreck and post them on Facebook while toutng your availability for "national and international" product endorsements. Anyone with further questions can see your agent.

There are two kinds of celebrity crash because we now have two kinds of celebrity: attention controllers and attention seekers. Woods is an example of the former, whom you might also know as "people who are famous for actually doing things." Attention controllers' fame derives from some public competence; their private lives are used as complementary assets (setting the photo ops, selling the baby pics), but with tight boundaries.

This old-fashioned kind of fame is still a posh deal, but it has lost its imperial

prerogatives. Time was, you might have expected the fraternity of sportswriters or political reporters to peddle one version of you in public and save another one for their buddies at the bar. Now TMZ hits "post" instantaneously on allegations of infidelity, angry wives and golf clubs, and Google makes no distinction between respectable news and what people really want to know. When Woods said in a statement on Dec. 2,



"I have let my family down," while still insisting that "personal sins should not require press releases," it was as quaint and futile as President Barack Obama's calling Kanye West a jackass in front of reporters and then asking for take-backs.

Attention seekers like the Salahis are the sort of people referred to as "famous for being famous"—an accurate description and not the same as "famous for nothing." Being famous is a skill, which requires knowing how celebrity works today.

For attention seekers, controversy is the point, not the distraction. Private acts are public life. Whereas the attention controller draws power by withholding, the attention seeker draws it by exposing. (While Woods retreated, the Salahis were busy stringing Matt Lauer along, promising to show proof of their innocence—someday.) Living is personal branding.

Facebook, Twitter, reality TV—you are always on and always out there. Naturally you would spend a Tuesday evening effecting a national-security breach with a camera and a makeup artist in tow. Doesn't everyone?

The balance of fame seems to be moving from attention controllers to attention seekers. So it makes sense that we're seeing crossovers. Sarah Palin was governor of Alaska until—bummed out by ethics investigations and the press—she could no longer manage as an attention controller (albeit one who used her family life to political advantage when possible). So she resigned and became a full-time attention seeker, a media entity whose posts, tweets and TV appearances are not extensions of her work but the work itself.

Both attention controllers and

attention seekers can have fatal blind spots. The attention controllers, like Woods, come to believe that their accomplishments in the real world, along with their personal wealth, can insulate them from the artificial world of media frenzies. By the time they realize they're wrong, they find that, like the golf champ, they're not in a protective bunker but in a sand trap, and digging themselves deeper.

Attention seekers like the Salahis, and before them the Heenes, suffer the opposite delusion: believing that their success in the world of pseudocelebrity insulates them from real-world consequences. In a state of media-induced temporary insanity, you might forget that people could get annoyed at you for faking your kid's balloon accident or that the feds would not laugh off a breach of the President's security as a hoot for a reality show. You close your eyes and hear the crowd cheering for an encore when they're actually gathering torches and pitchforks.

But what the Salahis seem to understand that Woods did not is that in our world, attention is like gravity: a force that you cannot command to cease. Fight it, and it will plow you under. Ride it, like a downhill skier or a skydiver, and—well, you may still crash. But you'll make a very photogenic wreck. ■

Naturally you would spend a Tuesday evening effecting a national-security breach with a camera and a makeup artist in tow. Doesn't everyone?



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CHANTIX is a prescription medicine to help adults 18 and over stop smoking.

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Some people have had changes in behavior, hostility, agitation, depressed mood, suicidal thoughts or actions while using CHANTIX to help them quit smoking. Some people had these symptoms when they began taking CHANTIX, and others developed them after several weeks of treatment or after stopping CHANTIX. If you, your family, or caregiver notice agitation, hostility, depression, or changes in behavior, thinking, or mood that are not typical for you, or you develop suicidal thoughts or actions, anxiety, panic, aggression, anger, mania, abnormal sensations, hallucinations, paranoia, or confusion, stop taking CHANTIX and call your doctor right away. Also tell your doctor about any history of depression or other mental health problems before taking CHANTIX, as these symptoms may worsen while taking CHANTIX.

Some people can have serious skin reactions while taking CHANTIX, some of which can become life-threatening. These can include rash, swelling, redness, and peeling of the skin. Some people can have allergic reactions to CHANTIX, some of which can be life-threatening and include: swelling of the face, mouth, and throat that can cause trouble breathing. If you have these symptoms or have a rash with peeling skin or blisters in your mouth, stop taking CHANTIX and get medical attention right away.

The most common side effects are nausea, sleep problems, constipation, gas, and vomiting. If you have side effects that bother you or don't go away, tell your doctor.

Patients also reported trouble sleeping, vivid, unusual, or strange dreams. Use caution driving or operating machinery until you know how CHANTIX may affect you.

You may need a lower dose of CHANTIX if you have kidney problems or get dialysis. Before starting CHANTIX, tell your doctor if you are pregnant, plan to become pregnant, or if you take insulin, asthma medicines, or blood thinners. Medicines like these may work differently when you quit smoking. CHANTIX should not be taken with other quit-smoking medicines. Should you slip up and smoke, keep trying to quit.

This coupon is not health insurance. This coupon is only available at participating pharmacies.
No membership fees. Estimated average co-pay savings is \$30 per patient per year.

Please see patient Medication Guide on the next page.
Pfizer, PO Box 29387, Mission, KS 66201 www.pfizer.com

You are encouraged to report negative side effects of prescription drugs to the FDA.
Visit www.fda.gov/medwatch or call 1-800-FDA-1088.



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MEDICATION GUIDE

CHANTIX®

(varenicline) Tablets

Read the Medication Guide that comes with CHANTIX before you start taking it and each time you get a refill. There may be new information. This information does not take the place of talking with your doctor about your condition or treatment.

What is the most important information I should know about CHANTIX?

Some people have had changes in behavior, hostility, agitation, depressed mood, and suicidal thoughts or actions while using CHANTIX to help them quit smoking. Some people had these symptoms when they began taking CHANTIX, and others developed them after several weeks of treatment or after stopping CHANTIX.

If you, your family, or caregiver notice agitation, hostility, depression or changes in behavior or thinking that are not typical for you, or you develop any of the following symptoms, stop taking CHANTIX and call your healthcare provider right away:

- thoughts about suicide or dying, or attempts to commit suicide
- new or worse depression, anxiety or panic attacks
- feeling very agitated or restless
- acting aggressive, being angry, or violent
- acting on dangerous impulses
- an extreme increase in activity and talking (mania)
- abnormal thoughts or sensations
- seeing or hearing things that are not there (hallucinations)
- feeling people are against you (paranoia)
- feeling confused
- other unusual changes in behavior or mood

When you try to quit smoking, with or without CHANTIX, you may have symptoms that may be due to nicotine withdrawal, including urge to smoke, depressed mood, trouble sleeping, irritability, frustration, anger, feeling anxious, difficulty concentrating, restlessness, decreased heart rate, and increased appetite or weight gain. Some people have even experienced suicidal thoughts when trying to quit smoking without medication. Sometimes quitting smoking can lead to worsening of mental health problems that you already have, such as depression.

Before taking CHANTIX, tell your doctor if you have ever had depression or other mental health problems. You should also tell your doctor about any symptoms you had during other times you tried to quit smoking, with or without CHANTIX.

See "What are the possible side effects of CHANTIX?"

Some people can have allergic reactions to CHANTIX. Some of these allergic reactions can be life-threatening and include: swelling of the face, mouth, and throat that can cause trouble breathing. If you have these symptoms, stop taking CHANTIX and get medical attention right away.

Some people can have serious skin reactions while taking CHANTIX. These can include rash, swelling, redness, and peeling of the skin. Some of these reactions can become life-threatening. If you have a rash with peeling skin or blisters in your mouth, stop taking CHANTIX and see your doctor right away.

What is CHANTIX?

CHANTIX is a prescription medicine to help adults stop smoking. Quitting smoking can lower your chances of having lung disease, heart disease or getting certain types of cancer that are related to smoking. CHANTIX is not recommended for people under 18 years of age. CHANTIX has not been studied with other treatments for stopping smoking.

What should I tell my doctor before taking CHANTIX?

Tell your doctor about all of your medical conditions including if you:

- have ever had depression or other mental health problems. See "What is the most important information I should know about CHANTIX?"
- have kidney problems or get kidney dialysis. Your doctor may prescribe a lower dose of CHANTIX for you.
- have any allergies. See the end of this Medication Guide for a complete list of ingredients in CHANTIX.
- are pregnant or plan to become pregnant. CHANTIX has not been studied in pregnant women. It is not known if CHANTIX will harm your unborn baby. It is best to stop smoking before you get pregnant.
- are breastfeeding. Although it was not studied in humans, CHANTIX may pass into breast milk. You and your doctor should talk about the best way to feed your baby if you take CHANTIX.

Tell your doctor about all your other medicines including prescription and nonprescription medicines, vitamins and herbal supplements. Especially, tell your doctor if you take:

- insulin
- asthma medicines
- blood thinners.

When you stop smoking, there may be a change in how these and other medicines work for you.

You should not use CHANTIX while using other medicines to quit smoking. Tell your doctor if you use other treatments to quit smoking. Know the medicines you take. Keep a list of them with you to show your doctor and pharmacist when you get a new medicine.

How should I take CHANTIX?

- Take CHANTIX exactly as prescribed by your doctor.
 1. Choose a **quit date** when you will stop smoking.
 2. Start taking CHANTIX 1 week (7 days) before your **quit date**. This lets CHANTIX build up in your body. You can keep smoking during this time. Make sure that you try and stop smoking on your **quit date**. If you slip-up and smoke, try again. Some people need to take CHANTIX for a few weeks for CHANTIX to work best.
 3. Take CHANTIX after eating and with a full glass (8 ounces) of water.
 4. Most people will take CHANTIX for up to 12 weeks. If you have completely quit smoking by 12 weeks, your doctor may prescribe CHANTIX for another 12 weeks to help you stay cigarette-free.

- CHANTIX comes as a white tablet (0.5 mg) and a blue tablet (1 mg). You start with the white tablet and then usually go to the blue tablet. See the chart below for dosing instructions.

Day 1 to Day 3	<ul style="list-style-type: none"> • <u>White</u> tablet (0.5 mg) • Take 1 tablet each day
Day 4 to Day 7	<ul style="list-style-type: none"> • <u>White</u> tablet (0.5 mg) • Take 1 in the morning and 1 in the evening
Day 8 to end of treatment	<ul style="list-style-type: none"> • <u>Blue</u> tablet (1 mg) • Take 1 in the morning and 1 in the evening

- This dosing schedule may not be right for everyone. Talk to your doctor if you are having side effects such as nausea, strange dreams, or sleep problems. Your doctor may want to reduce your dose.
- If you miss a dose of CHANTIX, take it as soon as you remember. If it is close to the time for your next dose, wait. Just take your next dose at your regular dose.

What should I avoid while taking CHANTIX?

Use caution driving or operating machinery until you know how CHANTIX may affect you. Some people who use CHANTIX may feel sleepy, dizzy, or have trouble concentrating, that can make it hard to drive or perform other activities safely.

What are the possible side effects of CHANTIX?

- **Some patients have had new or worse mental health problems.** See "What is the most important information I should know about CHANTIX?"
- The most common side effects of CHANTIX include:
 - nausea
 - sleep problems (trouble sleeping or vivid, unusual, or strange dreams)
 - constipation
 - gas
 - vomiting

Tell your doctor about side effects that bother you or that do not go away.

These are not all the side effects of CHANTIX. Ask your doctor or pharmacist for more information.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store CHANTIX?

- Store CHANTIX at room temperature, 59 to 86°F (15 to 30°C).
- Safely dispose of CHANTIX that is out of date or no longer needed.
- **Keep CHANTIX and all medicines out of the reach of children.**

General information about CHANTIX

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use **CHANTIX** for a condition for which it was not prescribed. Do not give your **CHANTIX** to other people, even if they have the same symptoms that you have. It may harm them.

This Medication Guide summarizes the most important information about CHANTIX. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about CHANTIX that is written for healthcare professionals.

For more about CHANTIX and tips on how to quit smoking, go to www.CHANTIX.com Or call **1-877-CHANTIX (877-242-6849)**.

What are the ingredients in CHANTIX?

Active ingredient: varenicline tartrate

Inactive ingredients: microcrystalline cellulose, anhydrous dibasic calcium phosphate, croscarmellose sodium, colloidal silicon dioxide, magnesium stearate, Opadry® White (for 0.5 mg), Opadry® Blue (for 1 mg), and Opadry® Clear (for both 0.5 mg and 1 mg)

Rx only



Distributed by

Pfizer Labs

Division of Pfizer Inc. NY, NY 10017

LAB-0328-8.0

Revised July 2009

This Medication Guide has been approved by the U.S. Food and Drug Administration.



Extra Money

To read Justin Fox's daily take on business and the economy, go to time.com/curiouscapitalist



Justin

Fox

Furious at the Fed. An angry Congress wants to reshape the central bank. And you can't say it's entirely wrong

THE FEDERAL RESERVE SYSTEM, THAT mysterious organization with the temple-like headquarters just off the Washington Mall and thick-walled outposts in cities across the land, is under assault. It's "the most serious attack I have seen on the Federal Reserve in the many, many years that I've studied it as a scholar," says Columbia economist and former Fed governor Frederic Mishkin.

Texas libertarian-Republican-obstetrician-Congressman Ron Paul—a man not known for bipartisan consensus-building—has gotten 313 of his colleagues, more than 100 of them Democrats, to back a bill that would subject the Fed to audits by the Government Accountability Office, and the Financial Services Committee has approved a version of it. On the other side of Capitol Hill, Senate Banking Committee chairman Chris Dodd is pushing reforms that would strip the Fed of its power to regulate banks.

It has gotten so bad that Fed Chairman Ben Bernanke has resorted to the equivalent of heavy artillery, taking to the opinion pages of the *Washington Post* on Nov. 29 to express his concern that these measures "would significantly reduce the capacity of the Federal Reserve to perform its core functions." (For Fedspeak, this is seriously blunt language.)

The most core of the Fed's functions is running the country's monetary policy—that is, deciding how many dollars should be in circulation. Hardly anyone is calling for it to be stripped of this power. Yes, the good Dr. Paul does

so in his best seller *End the Fed*, but this is not what you'd call a viable legislative proposal, which is why he's pushing his audit plan in Congress instead. But Bernanke and other Fed defenders argue that subjecting the organization to more outside scrutiny and taking away its side function of regulating banks would render it unable to manage monetary policy effectively.



To which a skeptic might respond, *The Fed manages monetary policy effectively? Could have fooled me.* That's one argument for altering the Federal Reserve's current arrangements. The other is that the Fed's current arrangements are really weird. The Fed is part government agency, part creature of the banking industry. This is by design; from its creation in 1913 (to prevent the bank panics that were periodically paralyzing the economy, as in 1907) until the early 1930s, in fact, the bankers who controlled the regional Federal Reserve banks had the upper hand. Congress changed the law in the early '30s to put Washington clearly in charge, and for almost two decades, the Fed was effectively an arm of the Treasury Department. After 1951, when Treasury restored the Fed's independence, it returned to hybrid status, with the presidentially

appointed chairman wielding the most power but the president of the New York Fed—chosen by New York bankers—a close second.

There are economic reasons for doing things this way. Shielding the Fed from direct political influence while giving bankers a say in its workings presumably makes it a more resolute defender of the soundness of the dollar. Studies have shown that the more independent of political influence a country's central bank (the Fed is the U.S. central bank) is, the better job it does of fighting inflation. There is a long political tradition in America of pushing the Fed to go easy on interest rates and not be so vigilant about price stability. The 19th century populist movement, while it predated the Fed, was all about promoting inflation and breaking free of the rule of Eastern bankers.

That's one thing that's a bit odd

about Paul's anti-Fed campaign: he pitches it in populist terms but pines for a return to the very gold standard that the original populists decried because it led to credit shortages. Most of Paul's fellow Fed bashers don't share his extreme hard-money beliefs. They're mainly just frustrated about the financial crisis and ensuing recession and looking for a scapegoat.

The Fed isn't the worst of scapegoats. It was complicit in the years leading up to the crisis. Its response to the panic could have been worse—as in the early 1930s. Even if its actions have been messy, expensive and unfair, you could say the same, in spades, of the House and Senate. Whatever one thinks ails the Fed, more oversight by Congress seems unlikely to be an improvement.

Dodd's proposal to strip the Fed of its role in regulating banks, though, isn't mere Fed-bashing. The U.S.'s current regulatory setup is a multiagency muddle. While Fed officials understandably want to maintain their role—or even expand it, as the Obama Administration's reform plans prescribe—it might make sense to centralize regulation in one place, within Treasury. The Fed isn't the source of all evil. But neither should it be sacrosanct. ■


Most of Ron Paul's fellow Fed bashers in Congress don't share his extreme hard-money beliefs. They're mainly just frustrated about the financial crisis

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OUR COFFEES WITH A
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Nina

Easton

The End of Audacity. Voters have turned suspicious of federal spending programs. That could upend the President's agenda

FOR PRESIDENT OBAMA, THE ERA OF BIG Government is not over. "It is true, we cannot depend on government alone to create jobs or generate long-term growth," he proclaimed in his first budget to Congress. But "at this particular moment, government must lead the way." A partial Obama-to-do list, only some of it done, includes a remake of the health care and energy sectors; a \$787 billion stimulus bill aimed, so far, mostly at public employment; takeovers of General Motors and Chrysler; a "pay czar" to cut salaries at bailed-out banks and a proposed new consumer-protection agency to police the nation's lenders.

When Obama took office, conventional wisdom held that the American people, jarred by a financial crisis they were routinely told was "the worst since the Great Depression," would race into the protective arms of Washington. After all, the Federal Government had given us the New Deal in the worst of times and a patchwork of economic safety nets since. The idea is that we instinctively turn to its beneficent hand to ease the pain of hurricanes, floods, tornadoes—and recessions.

Yet in today's hard economic times, something startling began showing up in public-opinion polls: fewer people than in the past wanted Washington to step in. In the latest NBC/Wall Street Journal poll, only 23% of respondents said they trust the government "always or most of the time"—the smallest proportion in 12 years. The percentage of voters who think government should "do more to solve problems and meet the needs of people" has dropped

5 points since Obama's first weeks in office, while that of those who think government should leave more things "to businesses" rose 8 points. The shift is especially noticeable among independent voters, a small plurality of whom wanted government to "do more" after Obama took office; now—by a margin of 17—they think government does "too much."

"Audacity" was a catchy campaign



theme, but it's less attractive as a governing principle. The all-important swing voters who decide elections are nervous about dramatic expansions of the Federal Government—even and especially in this time of economic distress. As it turns out, this financial crisis was not the call to bold action that White House chief of staff Rahm Emanuel said shouldn't "go to waste." Quite the opposite: if he doesn't want his presidency to be held hostage by a string of nail-biter votes in Congress, Obama needs to recognize that he overestimated the public's appetite for taxpayer-funded solutions.

"What people understand that policymakers in Washington don't is that there's a real belief out there that all government does is waste money," says Doug Schoen, the pollster who helped President Clinton move into the era of "Big Government is

over" after the Democrats' 1994 midterm-election drubbing. "Taxes go up. Debt goes up. People think, 'All you're going to do is waste my money and put me in a dire situation.'" Karlyn Bowman, a public-opinion researcher at the conservative-leaning American Enterprise Institute, advances the counterintuitive notion that Americans may be happier with Big Government in good times than in bad.

Resentment may be another factor. While the New Deal is little remembered as a bailout for the little guy, the bailouts of Wall Street—launched by the Bush Administration and sustained by Obama—

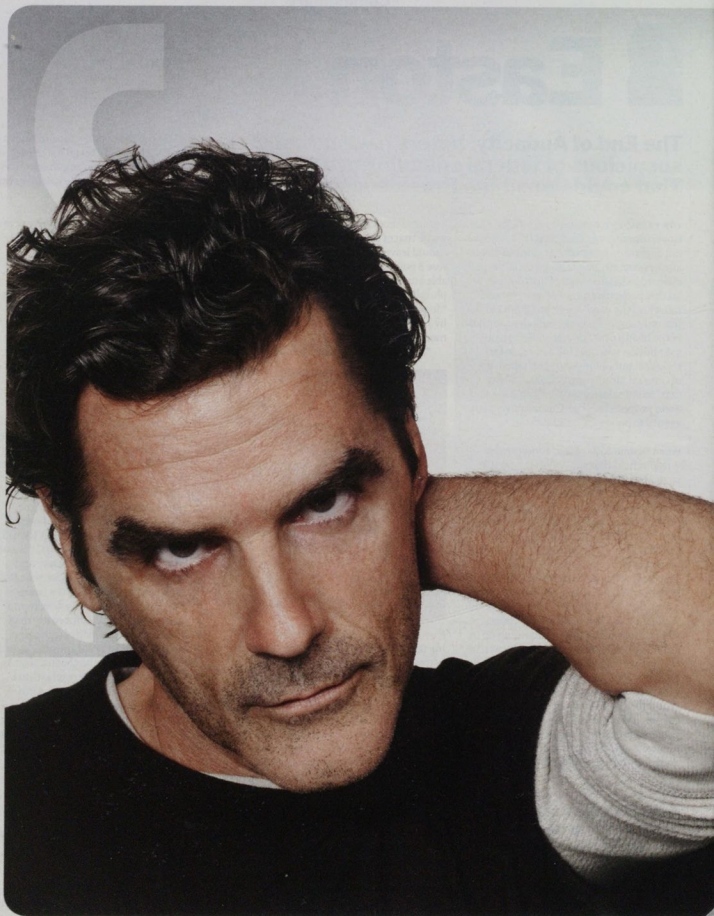
have been aimed at the affluent and have not merely made Americans skeptical of the explosion in spending but left them feeling short-changed as well. Republican pollster Bill McInturff calls this "the notion that they're too big to fail and I'm too small to notice—that politicians have used the government to spend another trillion for the big banks and special interests but not me."

It's not hard to find a national consensus that government should lead on matters like national defense, natural disasters, food safety and support for the elderly and poor. But any bold reach beyond the basics becomes problematic when swing voters start to confront costly reali-

ties and the soaring sweep of campaign promises gets lost in programmatic details. Since last spring, there has been a sizable drop in the portion of voters who think Washington should guarantee health insurance, with Gallup now recording—for the first time since it began asking the question—more people saying it is not the government's responsibility (50% than saying it is (47%).

We're now hearing talk from Democrats in Congress about the need for another new jobs program to ease our pain. With unemployment standing at an agonizing 10.2%, there is palpable fear among Democrats that they have little to show for nearly a year in office. But as the 2010 election season opens, they—and the President—would do well to entertain a different fear: looking as if they're doing too much.

'Audacity' was a catchy campaign theme, but it's less attractive as a governing principle. Swing voters are nervous about expansions of the Federal Government



i've been through hell and high water
i can text but i prefer to talk
i read Keats and wear cleats
i think toy dogs are ok
but big dogs rule
i get my "fresh catch" from
the sushi bar *sometimes*
i wear all earth tones,
but mud is my favorite.

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Joe

Klein

Obama's War. The President offered a reasoned case for expansion in Afghanistan. But Americans need inspiration as well



"IF I DID NOT THINK that the security of the United States and the safety of the American people were at stake in Afghanistan," Barack

Obama said, announcing his decision to send 30,000 more troops to Afghanistan, "I would gladly order every single one of our troops home tomorrow." It was the most emotional moment of his address—but it was a curious sentence, and an unsatisfying speech, defensive and slightly convoluted. Certainly, it was not a classic call to arms: nothing remotely like Shakespeare's Henry V at Agincourt or Winston Churchill during the Blitz, as conservative columnist Charles Krauthammer pointed out later.

The President made the best possible argument for a rather iffy proposition: the expansion of a war that is 51% necessary and 49% futile (or vice versa). But you can't argue a people into war, especially one that seems so indistinct and perplexing. Once you have made the decision to go, or to redouble your efforts, you must lead the charge—passionately and, yes, with a touch of anger. Obama's attempt to do that, his peroration about the ideals that cause us to fight, was lovely but abstract: "It is easy to forget that when this war began, we were united—bound together by the fresh memory of a horrific attack... I refuse to accept the notion that we cannot summon



More troops Cadets at the U.S. Military Academy at West Point listen to the President's announcement



that unity again." Absent the reference to Sept. 11, the closing paragraphs could just as easily have climaxed a speech announcing a campaign against global warming.

Ronald Reagan would have done it differently. He would have told a story. It might not have been a true story, but it would have had resonance. He might have found, or created, a grieving spouse—a young investment banker whose wife had died in the World Trade Center—who enlisted immediately after the attacks... and then gave his life, heroically, defending a school for girls in Kandahar. Reagan would have inspired tears, outrage, passion, a rush to recruiting centers across the nation.

Of course, it is possible that purple prose in the service of patriotic gore has become an anachronism in an era when it is possible to witness the insane carnage caused by crudely constructed roadside bombs each night on the evening news. There are those, especially in the Democratic Party, who find such romanticism delusional and obscene; it rankles particularly when applied to a questionable war. But the romance of the fight, the band-of-brothers bond, the ethos of ultimate sacrifice is at the heart of military culture. If a President wants to send young people off to war, he must buy into that culture. It is not enough to construct the best argument—or the best policy—in a bad situation, as this President has done.

And that is the high drama that has been unfolding this autumn: the struggles of a highly intelligent, dispassionate man to find a rationale for a mission that is crucial but slightly crazy, a decision that will define his presidency.

"I am painfully aware that this is politically unpopular," the President said earlier that day over lunch with a group of columnists in the White House library, an elegant little room in the basement of the mansion. "It's least popular in my own party. But that's not how I make decisions." There was little apparent anguish as the President said that. He was calm, as always; a compelling presence, but resolutely normal, as always. (The combination of charisma and lack of pretense is his most attractive, if inexplicable,

personal attribute.) His defense of the policy he had constructed after months of deliberation—a complex, slightly contradictory contraption of a policy—was solid but not entirely convincing.

He dealt fluently with the toughest of questions: the push-me, pull-you issue of sending in 30,000 more troops only to start withdrawing them in July 2011, less than a year after they all arrive. The troops—as many as were involved in the Iraq surge, though in a much smaller war—are being sent to stun the enemy, to turn back recent Taliban advances, especially in Kandahar province, the heartland of the insurgency. But why limit the force of the blow by announcing the date you will begin the withdrawal? "Why wouldn't they wait you out?" asked David Ignatius of the *Washington Post*.

It was a question the President was

expecting. He said he rejected that argument "because if you follow the logic... then you would never leave. Right? Essentially you'd be signing on to have Afghanistan as a protectorate of the United States indefinitely." And the time limit, he suggested, might give him leverage over Hamid Karzai, the recalcitrant Afghan leader: "In my discussion with President Karzai yesterday," Obama said, "I was able to articulate to him exactly what he's going to need to do over the next two years to be prepared for this transition."

I asked him what instructions he had given the military to make the next 30,000 troops more effective than the 21,000 troops he sent last March, whose presence didn't seem to improve the situation on the ground at all. "Look, the fact that there were increased casualties this year I think is to be expected from

An Escalating Commitment

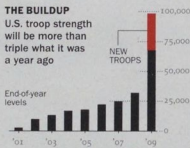
The Administration is accelerating plans to send 30,000 reinforcements to the war zone—but also says U.S. troops will start withdrawing by July 2011

TROOP COUNT IN AFGHANISTAN



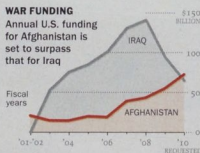
THE BUILDUP

U.S. troop strength will be more than triple what it was a year ago



WAR FUNDING

Annual U.S. funding for Afghanistan is set to surpass that for Iraq



Sources: White House; Department of Defense; Congressional Research Service



Life in the Afghan National Army

See photos of the troops who Obama hopes can one day provide security in Afghanistan, at time.com/afghan_army

increased engagement by our forces." True enough, but the NATO coalition lost ground to the Taliban this year, by Obama's own admission. And the President could only come up with speed of deployment and a clearer sense of mission as strategic game changers. Later, when I asked him about what changes he had ordered for the training of the Afghan army and police—a frustrating proposition, so far—he deferred to his commanders in the field but said the new order of battle would include "a partnering situation, a one-to-one match between Afghan troops and U.S. troops" in combat, which "produces much stronger results."

Then he stopped, abruptly. "None of this is easy," he said. "I mean, we are choosing from a menu of options that is less than ideal." Indeed, over the past few months, I've heard members of the Administration make cases for and against each of the decisions the President has made. There is no completely convincing argument that 30,000—or 40,000—more troops will turn the tide in Afghanistan; you can make an argument, nearly as plausible, that they will make a bad situation worse—Afghans have, historically, not reacted well to tens of thousands of armed foreigners on their turf. (Which leads in turn to a counter-counter-argument: we're not conquerors; we come bearing schools and wells, with the intention of leaving as soon as possible.)

You can make the case that a timeline for transition to Afghan control will have absolutely no leverage in getting Karzai to clean up his act. After all, on the day of Obama's speech, close aides to the Afghan President told the *Wall Street Journal* that Karzai opposes the surge; why won't he just wait us out? (But there's a counter-counter here as well: Isn't this just posturing? Doesn't Karzai know that without American protection, he could be swinging from a lamppost in Kabul like several of his predecessors?) And as for the argument, made passionately by some in the military, that a specific date for starting the withdrawal is an invitation for the Taliban to lie low until we leave: "They simply won't do that," says Leslie H. Gelb, former president of the Council on Foreign Relations. "If you stand down, you

allow the enemy—even this inept Afghan government—to create a bow-wave effect, to create the impression of authority and security. The Taliban aren't stupid."

Discussions about tactics and strategy in Afghanistan do have a tendency to go on, and on, swirling ad infinitum. One thing the President has guaranteed by his deliberations of the past few months is that he has sampled all the dishes on the menu of unappetizing options. Every decision he has made can be meticulously defended. So can every decision he didn't make.

But, you might reasonably ask, did the strategy review really have to take so long and be so public? Obama had no choice about the public part of the program; he is privately furious about the leaks, especially those from the military. "We will deal with that situation in time," an Obama adviser told me. The criticism of the President for dithering is also unfair. This second Afghan strategy review in less than a year was made necessary by an assortment of dramatic new developments on the ground. Each had to be analyzed individually and then correlated with the others. There was the fraudulent election, which stripped the remaining clothes from the Emperor Karzai. There was a big mistake made by the U.S. military, sending troops to remote opium-laden Helmand province rather than to the heart of the insurgency in Kandahar. There was the vastly improved human intelligence collection on al-Qaeda, which has resulted in Predator strikes that have killed at least a dozen top terrorist leaders in recent months, according to the military. There was Pakistan's new willingness to go after its indigenous branch of the Taliban, and the continued unwillingness to go after the Afghan Taliban, led by Mullah Omar—an organization created, and still supported, by the Pakistani intelligence services.

Obama's leadership of this process was the source of some amazement by those who participated in it. He was all business. Unlike Bill Clinton, he didn't allow the conversations to ramble; unlike George W. Bush, he ran the meetings himself. He asked sharp, Socratic questions of every-

one in the Situation Room. He would notice when an adviser wasn't participating, even in an area that wasn't his or her expertise, and ask, "What do you think about this, Hillary? Or Bob, or Jim." He encouraged argument among those who disagreed—most notably General David Petraeus and Vice President Joe Biden. He was undaunted by the military. Indeed, the greatest cause of delay was Obama's constant pressure on his commanders to justify every unit and find some way to speed the troops' arrival. The final deployment includes only three combat brigades and one training brigade—about 20,000 troops—augmented by 10,000 enablers: medics, mechanics, intelligence analysts, strategic communications (that is, propaganda) experts.

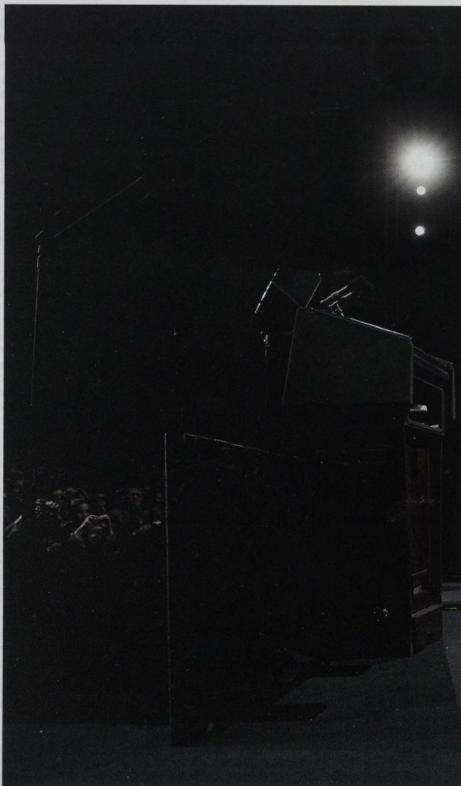
The real haggle was over speed of deployment. The military plans carefully, in five- to 10-year increments, and moves with the speed of a supertanker. A good part of the reason the troops were sent to Helmand instead of Kandahar, even though it violated the prevailing counterinsurgency strategy, was that the fortifications already had been built in Helmand; it seemed too late to turn the supertanker around. Obama kept sending plans back to the Pentagon, seeking a faster launch for his "extended surge." The military still isn't entirely sure that it'll be able to move 30,000 troops to Afghanistan by August. "We'll push in every way possible to get the forces on the ground ASAP," a senior military official told me. But the President clearly believes that the speed and vehemence of the new offensive will be its greatest assets.

At lunch and later in the speech, the President seemed most engaged when he addressed the public's mixed feelings about the war. "The American people are having a really tough time right now in their own lives," he told us, in closing, at lunch. Then he diluted the power of the speech by detouring into a recitation of his concerns about the recession, even linking them to the time limit he has placed on the war: "That is why our troop commitment in Afghanistan cannot be open-ended—because the nation that I am most interested in building is our own."

This is a dangerous mixing of apples and Predators, and it is a reflection of political calculation: the President knows his numbers are sagging because of the oxymoronic perception that he is spending too much and doing too little to ease the economic crisis. It is a real problem he faces—and, to some extent, has brought upon himself by focusing so much attention on health care reform—but its proper place is in another speech. Given the feeling of abandonment that many of the soldiers I've spoken with during the past few years have, a more appropriate message to the American people might have been: I know you're hurting, but we're at war. We're trying to stabilize the most dangerous part of the world. We're trying to prevent the collapse of a nuclear state, Pakistan. We're trying to capture and kill the people who massacred our friends and neighbors on Sept. 11, people who represent the purest manifestation of evil in the world. You have to be part of this effort, and no, merely mouthing platitudes in support of the troops is not enough. We all need to sacrifice.

He might have asked the public to pay a tax to support the war, as Congressman David Obey has suggested. Or he might have listed some charities that people could contribute to—Greg Mortenson's brilliant effort to build schools in Afghanistan and Pakistan comes to mind—or he might have asked Americans to send clothing, or seeds, to the second poorest country in the world. This is a message, a resolute and passionate evocation of national purpose, that the Taliban need to hear as well.

The bracing sense of unity that Obama cited in his peroration was achieved reflexively—it was the obvious human reaction after the Sept. 11 attacks. But such unity is difficult to sustain. And it cannot be reignited by mere words or argument, even when the argument and the policy is, I believe, the correct one. The exquisite rationality that attends almost everything this President does is essential, but not enough, when sending young men and women into battle. There needs to be inspiration as well. There is no such thing as a no-drama war. ■



Moving forward Obama
after his Dec. 1 speech. His
strategy, he concedes, will be
"politically unpopular"



Shrinking The War on Terrorism

Obama's foreign policy takes a narrower view of American power—we can't fight everyone all at once

BY PETER BEINART



TO UNDERSTAND BARACK OBAMA'S AFGHANISTAN decision, it's instructive to go back to one history-shifting sentence, uttered by his predecessor more than eight years ago. It was Sept. 20, 2001. The nation was in agony, and George W. Bush stood before a joint session of Congress, telling Americans where to direct their rage. "Americans are asking, 'Who attacked our country?'" Bush declared early in his remarks. "The evidence we have gathered all points to a collection of loosely affiliated terrorist organizations known as al-Qaeda."

Had Bush stopped there, everything would be different today. But a few minutes later, he made this fateful pivot: "Our war on terror begins with al-Qaeda, but it does not end there." After that, Bush mentioned *terror*, *terrorists* or *terrorism* 18 times more. But he didn't mention al-Qaeda again. When he returned to Congress a few months later for his January 2002 State of the Union address, he cited Hamas, Hizbullah, Islamic Jihad, North Korea, Iran and Iraq and employed variations of the word *terror* 34 times. But he mentioned al-Qaeda only once.

For Obama, this is the original sin whose consequences must now be repaired. His foreign policy in the greater Middle East amounts to an elaborate effort to peel back eight years of onion in hopes of finding the war on terrorism's lost inner core: the struggle against al-Qaeda and al-Qaeda alone. That's the subtext underlying his new Afghan strategy. He's raising troop levels, but less to vanquish the Taliban than to gain the leverage to effectively negotiate with them—in hopes of isolating al-Qaeda from its Afghan allies. He's boosting America's means but narrowing its ends. The same logic underlies his outreach to Iran and Syria and his rhetoric about groups like Hizbullah and Hamas. Obama's not trying to end the war on terrorism, but he is trying to downsize it—so that it doesn't overwhelm the U.S.'s capacities and crowd out his other priorities.

Obama's foreign policy, in fact, looks a lot like Richard Nixon's in the latter years of Vietnam, which sought to scale down another foreign policy doctrine—containment—that had gotten out of hand. And Nixon's experience offers both a warning and an example: pulling back from your predecessor's overblown commitments can be vital. The risk is that it can make you look weak or immoral, or both.

The End of Omnipotence

OBAMA'S EFFORT TO DOWNSIZE THE WAR ON TERRORISM IS PARTLY a function of personality and mostly a function of circumstance. George W. Bush loathed what he called "small ball." He saw both

his father's presidency and Bill Clinton's as inconsequential and yearned to invest his own with world-historical significance. After 9/11, he immediately began comparing the war on terrorism to World War II and the Cold War—a global, generation-defining struggle against an enemy of vast military and ideological power that would transform whole chunks of the world.

Obama, by contrast, doesn't need to go hunting for grand challenges. From preventing a depression to providing universal health care to stopping global warming, he has them in spades. Bush could afford to define the war on terrorism broadly because he didn't think anything going on at home was nearly as important. Obama, on the other hand, must find space (and money) for what he sees as equally grave domestic threats. Bush





Gearing up A group of U.S. Marines prepares for a mission in Farah province in October

loved the ominous, elastic noun *terrorism*. Obama, according to an analysis by Politico, has publicly uttered the words *health* and *economy* twice as often as *terrorism*, *Iraq*, *Iran* and *Afghanistan* combined. Even his decision to temporarily send more troops to Afghanistan was framed as a way to allow the U.S. to eventually disengage from the war.

Obama is also shrinking the war on terrorism because, although he won't say so out loud, he's scaled back Bush's assessment of American power. When Bush invaded Iraq, the U.S. was coming off a decade of low-cost military triumphs—from Panama in 1989 to the Gulf War in 1991 to Bosnia in 1995 to Kosovo in 1999. And back then, Afghanistan looked like a triumph too. It was easy to believe that the U.S. military—through a combination of force

and threats of force—could prevail over a slew of hostile regimes and movements at the same time. And it was easy to believe that the U.S. could afford these military adventures, particularly for conservatives like Dick Cheney, who famously declared that “deficits don’t matter.” Finally, in the wake of communism’s collapse and the spread of democracy throughout the developing world, hawks tended to see dictatorships as brittle, devoid of popular support. This epic faith in the U.S.’s military, economic and ideological power fueled Bush’s decision to define the war on terrorism as the U.S. against the field. It was like the way Americans once talked about Olympic basketball: we were so much better than all the others that they might as well combine into one opposing team so we could take them all on at the same time.

These days the U.S. doesn't look quite so omnipotent. Insurgents in Iraq and now Afghanistan have learned how to throw sand in our war-fighting machine. Economically, our gaping deficits are making it harder to run the war on terrorism on a blank check. And ideologically, violent, illiberal movements like Hamas, Hizballah and the Taliban have proved that they have deeper roots in native soil than the Bushies assumed. At West Point, Obama said he would not "set goals that go beyond our responsibility, our means or our interests." Bush never spoke in that language of limits.

So Obama is trying to make a virtue of necessity. Since the U.S. can't defeat all terrorism-supporting movements and regimes, he's arguing that it doesn't have to, since most of them are not committing terrorism against us. As Bruce Riedel, who ran Obama's initial Afghanistan and Pakistan review, puts it, "He's going after the organization that attacked the U.S. on 9/11 and before and since rather than pursuing a vague and murky war on terrorism every where." Team Obama has junked the phrase *war on terror*, not to mention *Islamofascism*. And the World War II and Cold War analogies have mostly ceased. Even in Afghanistan, Obama has sharply narrowed the U.S.'s goals. While still aiming to "defeat al-Qaeda," we're now trying only to "reverse the Taliban's momentum and deny it the ability to overthrow the government." In other words, we'll tolerate Taliban control over large chunks of the Afghan countryside.

Narrowing the Struggle

PRACTICALLY, THIS EXERCISE IN SUBTRACTION STARTS WITH Iran. By defining the U.S.'s enemy as "terror," Bush implied that Iran was as big a problem as al-Qaeda. After all, Tehran's mullahs began sponsoring terrorism before al-Qaeda was even born. In so doing, Bush made normal relations with the Islamic Republic virtually impossible. While he didn't actually declare war on Tehran, he initiated the coldest of cold wars: threats of force, no diplomacy and an ideological campaign aimed at making the regime crack.

In Obama's narrower struggle against al-Qaeda, however, a cold war with Tehran makes little sense. For all its nastiness, the Iranian regime doesn't direct its terrorism against the U.S. And Iran's Shi'ite theocrats have a mostly hostile relationship with the anti-Shi'ite theocrats of al-Qaeda. In both Iraq and Afghanistan, Iran has caused trouble for the U.S. largely out of fear that if the U.S. prevails in those countries, Iran will be next. But the Obama Administration seems to believe that if the U.S. can convince Iran's regime that it's not next, Washington and Tehran can cooperate to achieve their common goal in Afghanistan and Iraq: smashing al-Qaeda.

The U.S.-Iranian cold war has shown some signs of a thaw. Tehran's continued defiance of world opinion on its nuclear program notwithstanding, Obama has begun the highest level diplomatic engagement with Tehran in 30 years and refrained from calling for the overthrow of the regime, even amid mass Iranian protests last summer aimed at accomplishing exactly that. Media coverage of the diplomatic dance between Washington and Tehran focuses on Iran's nuclear program, but by pursuing a fundamentally different relationship with the Islamic Republic, the Obama Administration is also quietly conceding that Iran's militancy is different from the terrorism of al-Qaeda, an organization that no U.S. diplomat would ever sit across a table from.

And even as it works to remove Iran from the U.S.'s post-9/11 enemies list, the Obama Administration is trying something similar with another traditional Middle Eastern irritant, Syria. Under George W. Bush, Syria got the cold war treatment as well: rhetorical belligerence, veiled military threats, a withdrawal of the U.S. ambassador. Under Obama, by contrast, Middle East

envoy George Mitchell has been to Damascus, the Syrian Deputy Foreign Minister has been to Washington, and the rhetoric has become noticeably less hostile.

The best precedent for all this is what Nixon did in the late Vietnam years. For roughly two decades, the U.S. had been trying to contain "communism"—another ominous, elastic noun that encompassed a multitude of movements and regimes. But Vietnam proved that this was impossible: the U.S. didn't have the money or might to keep communist movements from taking power anywhere across the globe. So Nixon stopped treating all communists the same way. Just as Obama sees Iran as a potential partner because it shares a loathing of al-Qaeda, Nixon saw Communist China as a potential partner because it loathed the U.S.S.R. Nixon didn't stop there. Even as he reached out to China, he also pursued détente with the Soviet Union. This double outreach—to both Moscow and Beijing—gave Nixon more leverage over each, since each communist superpower feared that the U.S. would favor the other, leaving it geopolitically isolated. On a smaller scale, that's what Obama is trying to do with Iran and Syria today. By reaching out to both regimes simultaneously, he's making each anxious that the U.S. will cut a deal with the other, leaving it out in the cold. It's too soon to know whether Obama's game of divide and conquer will work, but by narrowing the post-9/11 struggle, he's gained the diplomatic flexibility to play the U.S.'s adversaries against each other rather than unifying them against us.

Gaining Leverage

LURKING BEHIND OBAMA'S DIFFERENT VIEW OF IRAN AND SYRIA is a different view of the terrorist movements they support: Hizballah and Hamas. For Bush, the only distinction among Hizballah, Hamas and al-Qaeda was that the first two terrorized Israelis, not Americans, and since Israel was the U.S.'s close ally, that was no difference at all. But the Obama Administration has hinted at a different perspective: a recognition that unlike al-Qaeda, Hizballah and Hamas are nationalist movements with deep roots in their particular societies. That means that unlike al-Qaeda, they can't simply be destroyed. Rather, the goal must be to transform them from military organizations into purely political and social ones, as happened with the Irish Republican Army. The U.S. might still dislike their Islamism, anti-Western, anti-Israeli agenda, but as Obama said in an interview with the Arab-owned news channel al-Arabiya during his first week in office, he would be "very clear in distinguishing between organizations ... that espouse violence, espouse terror and act on it—and people who ... have a [different] viewpoint [from the U.S.'s] in terms of how their countries should develop." Hizballah and Hamas would have to transform themselves to gain U.S. recognition, but while Bush's goal was to smash the two movements, Obama's seems to be to nudge that transformation along.

The most urgent and high-profile item on Obama's down-sizing agenda is, of course, Afghanistan. For eight years, the Bush Administration lumped al-Qaeda and the Taliban together. It was the most obvious application of Bush's famous declaration that "we will make no distinction between the terrorists who committed these acts and those who harbor them." But now the Obama Administration is making exactly that distinction. "There is clearly a difference between" the Taliban and al-Qaeda, press secretary Robert Gibbs said recently. A host of Obama officials have insisted that the Taliban is a tribal and national movement and that while it may want to terrorize Afghan secularists and women, it is not particularly interested in terrorizing the American homeland.

The Taliban's local roots, Obama officials suggest, also make it harder to vanquish than al-Qaeda. The implication is that as with



Chasing ghosts U.S. troops await a helicopter after a two-day mission in Paktika province searching for Taliban hideouts

Hizballah and Hamas, the U.S.'s only realistic goal is to bring the Taliban into the political process. Despite his decision to send 30,000 more troops to Afghanistan, Obama has abandoned the goal of making the country Taliban-free. For all the attention it has received, the decision about troop levels is essentially tactical: it's an effort to win the military leverage necessary to persuade elements of the Taliban that they're better off in government than on the battlefield. "Ultimately," Defense Secretary Robert Gates has declared, there must be "reconciliation with the Taliban."

The Downside of Downsizing

IN GENERAL, OBAMA'S BID TO SHRINK THE WAR ON TERRORISM makes sense. Since the U.S. lacks the capacity to eliminate Hizballah, Hamas and the Taliban and since we are probably unable to overthrow the regimes in Syria and Iran, we need to rethink our goals. Many on the American right believe the lesson of the Reagan years is that the U.S. can bludgeon our enemies into submission if only we don't lose our will. But Ronald Reagan didn't bludgeon Mikhail Gorbachev into submission; he seduced him with intensive diplomatic engagement and arms-control agreements that thawed the Cold War. It was only after that thaw that Gorbachev let Eastern Europe go free. Eventually, it will probably take a similar thawing to get regimes like Iran and Syria out of the terrorism business.

Obama's effort to downsize the war on terrorism can also free up time and resources for the rest of American foreign policy. During the Bush Administration, the post-9/11 agenda often seemed to constitute a good 75% of the U.S.'s international agenda. If Obama could eventually get that down to, say, 50%, it would free him up to devote attention to long-term challenges like climate change and the global economy that Bush gave short shrift.

But downsizing also has its costs. The first is moral. Obama may be right that the U.S. can't vanquish movements like Hizballah and the Taliban or even an embattled regime like Iran's. Legitimizing them, however, will be hard for some Americans to swallow. Already, hawks have slammed Obama for negotiating with Iran's mullahs while the blood of Iranian protesters is still fresh on their hands. And "reconciliation" with the Tali-

ban, while necessary for the U.S.'s eventual withdrawal from Afghanistan, might be a horror show for Afghan women. It is worth noting that while many historians applaud Nixon's retreat from global containment, his decision to cozy up to dictators in Beijing, Moscow and elsewhere elicited revulsion from Americans on both left and right.

The second problem with Obama's agenda is that although he wants to cut deals with regimes like Iran's and movements like the Taliban, he's not in a particularly strong position to do so. Back in 2002 or 2003, when the U.S. looked almost invincible, the Iranians appeared willing to concede a lot simply to forestall a U.S. attack. Now, with the U.S. mired in Afghanistan and Iraq, they are less afraid and thus less willing to deal. Similarly, the Taliban have little incentive to break with al-Qaeda so long as they feel they're gaining momentum in the Afghan war. It will be hard for Obama to win at the negotiating table what he can't win on the battlefield. After all, despite Nixon's intricate diplomacy with Moscow and Beijing, neither communist superpower helped him where he wanted it most—in preventing a U.S. defeat in Vietnam.

Therein lies the irony of Obama's downsizing effort: he needs to ratchet up conflicts at first—by sending more troops to Afghanistan and perhaps pushing more sanctions against Iran—to gain the diplomatic muscle to cut deals that don't look like abject American defeats. It's a risky strategy, since there's no guarantee that the bigger sticks will work, and if they don't, pulling back will be even harder. But it's a gamble Obama may have to take. The harsh truth is that the U.S. is significantly weaker in the Middle East now than it was in 2002. For close to a decade, our adversaries have not only survived our efforts to destroy them; they've also realized that conflict with the U.S. has its advantages. Now Obama wants to call off the feud. Unfortunately, it's not that simple. He may want to pare down America's enemies list. But the other guys have to take us off their enemies list too. ■

Beinart is associate professor of journalism and political science at the City University of New York and a senior fellow at the New America Foundation

Meg's Run

Former eBay boss Meg Whitman is a socially moderate Republican with celebrity status, high name recognition and money to burn. But does California want Governor II?

BY SHEELAH KOLHATKAR

THERE ARE SEVERAL CLEVER mantras that Meg Whitman chants while she's campaigning to be the next governor of California: "Don't try to boil the ocean" (taking too broad of an agenda to Sacramento), "All roads lead to Florida" (a model of how to fix the education system), "I am not 'kumbaya' about this" (she understands the difficulty of being governor) and, finally, the kind of oversimplified sound bite that is especially maddening to her critics, "You've got to find 20% of the reforms that will get you 80% of the way home."

One afternoon in late October, Whitman, 53, was pulling all the jingles out, like clubs from a golf bag. It was the sort of performance that the former CEO of eBay—and newcomer to the whirlpool known as electoral politics—has become almost slick at delivering. She was standing on a platform, microphone in hand, at the edge of a beautiful garden in the wealthy desert enclave of Rancho Mirage, a town described as a "hotbed of GOP cash" by an attendee. She is no longer the frumpy corporate mascot who was once photographed in a beige turtleneck and high-waisted slacks, surrounded by a team of Silicon Valley executives. The new Whitman wears a lean, dark suit with a camisole peeking tastefully out and stylish heels, her face dusted with a California glow.

"Let me tell you about my mother," she

said, not for the first time that week. She talked about Margaret Whitman Sr.'s daring service as an airplane and truck mechanic for the Red Cross in New Guinea during World War II and how it motivated the younger Meg. She rattled off her own accomplishments—college at Princeton followed by Harvard Business School, her move to San Francisco with her neurosurgeon husband, her transformation of eBay from a midsize start-up into a high-tech powerhouse while raising two boys, her postretirement role as an adviser to Mitt Romney and later Senator John McCain during his presidential campaign. "They inspired me to think beyond a career in business," Whitman said.

Most of the questions at the end were fairly standard for a conservative Southern California crowd. "Can you talk about the unions and their stranglehold on Sacramento?" asked a woman in the audience. A second woman asked Whitman about

the threat of pregnant illegal immigrants who cross the border to win citizenship for their newborns. Then a third woman piped in, rather timidly, asking, "How can we keep religious radicals out of our party? I think that's why they've lost a lot of votes, with the opposition of gay inclusion or opposing women's choice."

Whitman paused, almost as if it were the first time that day that she had to think about her answer. "I am happy to tell people where I stand on the social issues, but I think, as Republicans and Californians, we have to lead with the things that will make the most difference in the near term," she said. "I don't want to exclude anyone from the party. I don't want to exclude anyone from my campaign. I want everyone to be a part of this. But let's rally around what we can mostly agree on."

Spine of Steel

AGAINST A BACKDROP OF A CRIPPLING statewide financial crisis and a national Republican Party civil war, Whitman is attempting her greatest balancing act yet: running for governor of the country's most populous state as a fiscally conservative, socially moderate woman. As an accomplished business executive, she claims she is in the best position to create jobs and control spending in California, while playing down her pro-choice, socially moderate views. But at a time when GOP elements

Whitman is fashioning herself as a sort of anti-Palin: wonky, pragmatic and almost humorless



are conducting a witch hunt to purge moderates from the party, she may have to pass ideological litmus tests in order to get the Republican nomination.

Then there is the matter of carving out an identity as a female candidate, a tricky proposition when Sarah Palin, for all her flaws, is the rock star of the party. Whitman is fashioning herself as sort of anti-Palin. Whereas Palin can be catty, superficial and outrageous, Whitman is wonky and almost humorless, as if too many consultants (she has about two dozen) have massaged and smoothed over her imperfections so effectively that she's as brittle and shiny as a Christmas tree ornament. She presents herself as a pragmatist who doesn't much care about tightening gun-control laws or limiting a woman's right to choose. She tries to project a muscular toughness, as Hillary Clinton did, with plans to fire 40,000 state employees and constant talk about her "spine of steel." "Sarah Palin almost ruined it for women," says Bruce Cain, executive director of the University of California Washington Center. "But Hillary Clinton did wonders. If you want to run, you want to be like Hillary. You want to know your stuff cold."

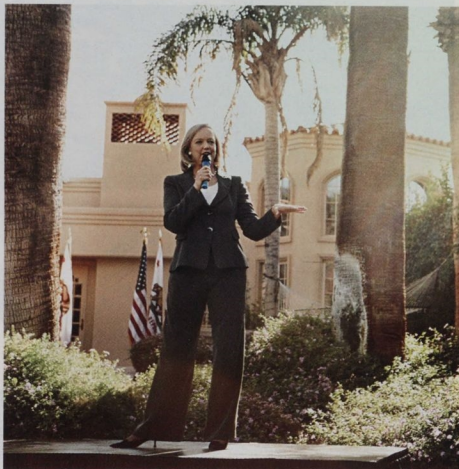
That's particularly true in California, a state in almost perpetual crisis—it's "effectively bankrupt," as Whitman likes to put it—with a budget deficit befitting Argentina and crises with water, highways, prisons, schools, immigration and unemployment. The legislature and the governor are openly hostile to each other, and the electorate is disgusted with both of them. (Their approval ratings are 18% and 28%, respectively.) This state of affairs is alternately described as the end of civilization or America's bright future, depending on whom you ask. Driving around the state, you'd never know that California was on the brink of apocalypse: the sun is shining and the lawns are bright green, even in the desert, so it's as tempting to believe the optimists as it is the hysterics.

Over coffee before a speech in a San Diego hotel, Whitman ticks through her plans. "Let's try to get a few things done at 100%, as opposed to trying to solve every problem," she says. To that end, she proposes three ideas: creating jobs by slashing taxes and regulation; improving the education system by grading schools and launching more charter schools; and reducing government spending, primarily by firing thousands of state workers. (She won't say

which ones.) And—surprise—she intends to reap big savings from the state budget by eliminating "waste, fraud and abuse" through the introduction of more technology to the statehouse. Then that "spine of steel" comes up again. "If you have a huge need to be liked, if you have a huge need to be popular, I think in the near term this is a very bad job for you," she says.

Whitman offers some commonsense ideas that few people could take issue with—but the way she talks about them makes it all sound just a little too easy, as if she thinks she'll be able to breeze into Sacramento and simply decree that the government be run more efficiently. This last point seems to particularly irk members of the political chattering classes, some of whom groan or sigh when you mention Whitman's name.

She also faces scrutiny because of her wealth, which is estimated to be more than \$1 billion. "There's a history of wealthy Californians trying to start at the top, like Meg Whitman and Carly Fiorina, without having paid their dues," says Lew Uhler, president of the National Tax Limitation Committee, an antitax group, who is supporting one of Whitman's opponents.



'She likes to study and study an issue ... It's O.K. to do that in business, but politics tends to be more spontaneous.'

—JON FLEISCHMAN, VICE CHAIRMAN, CALIFORNIA REPUBLICAN PARTY

It takes a vast amount of money to be competitive in California, but the road to Sacramento is littered with the bodies of failed parvenus: Michael Huffington, the former Republican Congressman and ex-husband of Arianna, blew \$28 million on a failed Senate bid in 1994; Al Checchi, a former co-chairman of Northwest Airlines, spent \$40 million losing to Gray Davis in the Democratic gubernatorial primary in 1998; and the businessman Bill Simon, who campaigned unsuccessfully against Davis in 2002. All of them were seen as overconfident and underprepared, liable to self-destruct when pressed on basic policy



questions. Raphael Sonenshein, a political-science professor at California State University at Fullerton, notes that self-made, first-time candidates often imagine incorrectly that politics can be made as efficient, orderly and logical as business. "While [very wealthy candidates] are usually competitive, it's not nearly as easy as they think it's going to be," he says. "There's a reason that politics is a profession."

Lately, Whitman's wealth hasn't been as controversial as the way she is spending it. So far, she has injected \$19 million of her money into a campaign that could end up costing \$50 million or more. (She has raised more than \$7 million.) She has alarmed longtime GOP hands in the state by burning through her funds at a frightening pace, spending hundreds of thousands of dollars monthly on strategic advisers, pollsters, fundraising experts and a social-networking start-up called Tokoni, founded by former eBay and Skype executives, which is managing her online presence.

Whitman's greatest obstacle may be convincing voters that she actually knows what she's talking about—and there she has a way to go. "Primary voters are very intrigued by the concept of Meg Whitman,"

says Dan Schnur, director of the Jesse M. Unruh Institute of Politics at the University of Southern California. "Her challenge over the next months is going to be to replace that concept with something more tangible."

Whitman's relationship with the press has been strained—some might say tortured—thus far. She is known for taking only a handful of queries after campaign events before being whisked away, and her press handlers aren't shy about interrupting her conversations with journalists. Her opponents scream about the fact that she won't debate them; they have already faced off four times, while Whitman has committed to just one debate in March. "She's clearly one of those people who likes to study and study an issue, really have an in-depth comfort zone with something, and then move forward," says Jon Fleischman, a vice chairman, south, of the California Republican Party who characterizes Whitman as "a little bit awkward" when interacting with the media. "It's O.K. to do that in business, but politics tends to be more spontaneous."

The Road to Sacramento

THE DOWNSIDE OF WHITMAN'S TRIAL-by-fire learning process became obvious when she confronted the first major hiccup of her campaign. The *Sacramento Bee* reported in late September that Whitman had barely voted during her adult life and questioned whether she had registered as a Republican at all before 2007. The story quickly swirled into a scandal, and during a heated press conference, Whitman floundered as she tried to sidestep the questions, a beginner's mistake in a statewide race:

"What I've said is, There is no excuse for my voting record," Whitman repeated over and over, like a highly coached robot. "Leaders need to stand up and acknowledge their mistakes."

"Did you ever register as a Republican before 2007?" asked a reporter.

"So what I have said is that I did not vote as often as I should..."

"But the question is why?"

"What I have said is, It was not the right thing to do."

"But why?" came a torrent of shouts.

"Why can't you answer the question?"

Whitman later said she was "focused on raising a family" as well as "on my husband's career" by way of explanation of her spotty record, even as it trickled out that her voting history was slightly better than initially depicted. Not surprisingly, the

"working mother" excuse sent feminists into a tizzy and created doubts for some of Whitman's base of Republican women. "I raised a family and ran a business and still managed to vote," sniffed Elaine Henderson, who went to hear Whitman speak in Rancho Mirage. "I'm just not happy with her explanation. I'd like the truth. If she wasn't interested in politics, that's O.K."

And yet Whitman could still overcome both ideology and history to win. Her opponents for the GOP nomination, former Congressman Tom Campbell and state insurance commissioner Steve Poizner, throw her strengths and weaknesses into stark relief. Campbell is the kindly, well-versed uncle in the race and probably the most qualified candidate for the job. If Hollywood was casting for a man to play a governor in a movie, it would tap someone more like Campbell—with a moderate bent, a conservative suit and five terms in Congress representing Silicon Valley districts—than Arnold Schwarzenegger. When asked what distinguishes him from Whitman, Campbell says, "Experience. Government experience." But there is one other big difference: he doesn't have a lot of money to spend in the most politically expensive state in the U.S.

Poizner, founder of a company that produced the technology to put GPS in cell phones, which he sold for a reported \$1 billion, is a confrontational spark plug who seems obsessed with Whitman. "Voters should choose her if they want someone to rebrand the state, and me if they want someone to rebuild it," he likes to say. He is offering his own plan to cut taxes and is presenting himself as the true conservative in the race (although he, like Whitman and Campbell, is socially moderate). If Whitman prevails in the June primary, she will probably face former Democratic governor Jerry Brown next November. Polls show that if the election were held today, Brown would defeat the GOP nominee soundly.

But a year is an eternity in politics, and Meg Whitman is prepared to spend what it takes. "We are running this campaign to win," she says. Californians have a history of taking chances at the polls, electing celebrity governors without any government experience. While it's clear that, under the right circumstances, such candidates can win, they can have a harder time governing. As Whitman may soon learn, even if aphorisms can pave the way to Sacramento, it will take more than platitudes to succeed there. ■



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ENBREL is a medicine that affects your immune system. ENBREL can lower the ability of your immune system to fight infections. Serious infections have happened in patients taking ENBREL. These infections include tuberculosis (TB) and infections caused by viruses, fungi, or bacteria that have spread throughout the body. Some patients have died from these infections. Your doctor should test you for TB before you take

ENBREL and monitor you closely for TB while on ENBREL.

Before starting ENBREL, tell your doctor if you:

- Think you have, are being treated for, have signs of, or are prone to infection. You should not start taking ENBREL if you have any kind of infection.
- Have any open cuts or sores
- Have diabetes or an immune system problem
- Have TB or have been in close contact with someone who has had TB
- Were born in, lived in, or traveled to countries where there is more risk for getting TB. Ask your doctor if you are not sure.
- Live or have lived in certain parts of the country (such as, the Ohio and Mississippi River valleys, or the Southwest) where there is a greater risk for

certain kinds of fungal infections, such as histoplasmosis. These infections may develop or become more severe if you take ENBREL. If you don't know if histoplasmosis or other fungal infections are common in the areas where you live or have lived, ask your doctor.

- Have or have had hepatitis B
- Have heart failure
- Develop symptoms such as persistent fever, bruising, bleeding, or paleness while taking ENBREL
- Use the medicine Kineret® (anakinra)
- Have or develop a serious nervous disorder, seizures, any numbness or tingling, or a disease that affects your nervous system such as multiple sclerosis
- Are scheduled to have surgery

"I had enough of just covering up my psoriasis."

I wanted to do more to manage my condition, so I asked my dermatologist if ENBREL could help me get clearer skin."

For many, ENBREL gets skin clearer fast—within 2 months—and keeps it clearer month after month. While it doesn't work for everyone, and may not clear you completely, it's helped many patients get clearer skin. Plus, ENBREL is a simple injection that can be taken in the comfort of your own home. Your results may vary. In medical studies, nearly half of patients saw significant improvement.

Learn more about moderate to severe plaque psoriasis, ENBREL, and patient support. Call 1-888-4ENBREL or visit www.enbrel.com

Talk to your dermatologist about prescription ENBREL.
BECAUSE ENOUGH IS ENOUGH.

- Are scheduled for any vaccines. All vaccines should be brought up-to-date before starting ENBREL. Patients taking ENBREL should not receive live vaccines.
- Are allergic to rubber or latex
- Are pregnant, planning to become pregnant, or breastfeeding

After starting ENBREL, call your doctor right away if you have any sign of infection, including a fever, cough, flu-like symptoms, or have any open sores on your body. ENBREL can make you more likely to get infections or make any infection you have worse.

Possible side effects of ENBREL

Serious side effects include: **serious infections including TB; nervous system problems**, such as multiple sclerosis, seizures, or inflammation of the nerves of the eyes; rare reports of serious **blood problems** (some fatal); **heart failure, including new heart failure or worsening of heart failure you already have; allergic reactions; immune reactions, including a lupus-like syndrome and lymphoma (a type of cancer)**. People with rheumatoid arthritis and psoriasis may have a higher chance for getting lymphoma.

Common side effects include: Injection site reaction, upper respiratory infections (including sinus infection), and headaches.

If you have any questions about this information, be sure to discuss them with your doctor. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see Medication Guide on the following page.



Medication Guide ENBREL® (en-brel) (etanercept)



Read the Medication Guide that comes with ENBREL® before you start using it and each time you get a refill. There may be new information. This Medication Guide does not take the place of talking with your doctor about your medical condition or treatment with ENBREL®.

What is the most important information I should know about ENBREL®?

ENBREL® is a medicine that affects your immune system. ENBREL® can lower the ability of your immune system to fight infections. Serious infections have happened in patients taking ENBREL®. These infections include tuberculosis (TB) and infections caused by viruses, fungi or bacteria that have spread throughout the body. Some patients have died from these infections.

- Your doctor should test you for TB before starting ENBREL®.
- Your doctor should monitor you closely for signs and symptoms of TB during treatment with ENBREL®.

Before starting ENBREL®, tell your doctor if you:

- think you have an infection. You should not start taking ENBREL® if you have any kind of infection.
- are being treated for an infection
- have signs of an infection, such as a fever, cough, flu-like symptoms
- have any open cuts or sores on your body
- get a lot of infections or have infections that keep coming back
- have diabetes or an immune system problem. People with these conditions have a higher chance for infections.
- have TB, or have been in close contact with someone who has had tuberculosis
- were born in, lived in, or traveled to countries where there is more risk for getting TB. Ask your doctor if you are not sure.
- live or have lived in certain parts of the country (such as the Ohio and Mississippi River valleys, or the Southwest) where there is a greater risk for certain kinds of fungal infections (histoplasmosis, coccidioidomycosis, blastomycosis). These infections may develop or become more severe if you take ENBREL®. If you don't know if you have lived in an area where histoplasmosis, coccidioidomycosis, or blastomycosis is common, ask your doctor.
- have or have had hepatitis B
- use the medicine Kineret® (anakinra)

After starting ENBREL®, if you have an infection, any sign of an infection including a fever, cough, flu-like symptoms, or have any open sores on your body, call your doctor right away. ENBREL® can make you more likely to get infections or make any infection that you may have worse.

What is ENBREL®?

ENBREL® is a medicine called a Tumor Necrosis Factor (TNF) blocker. ENBREL® is used in adults to treat:

- **moderately to severely active rheumatoid arthritis (RA).** ENBREL® can be used alone or with a medicine called methotrexate.
- **psoriatic arthritis.** ENBREL® can be used with methotrexate in patients who have not responded well to methotrexate alone.
- **ankylosing spondylitis (AS)**
- **chronic, moderate to severe psoriasis**

ENBREL® is used in children ages 2 and older to treat **moderately to severely active polyarticular juvenile idiopathic arthritis (JIA).**

ENBREL® has not been studied in children under 2 years of age.

ENBREL® can help reduce joint damage, and the signs and symptoms of the above mentioned diseases. People with these diseases have too much protein called tumor necrosis factor (TNF), which is made by your immune system. ENBREL® can reduce the amount of TNF in the body to normal levels and block the damage that too much TNF can cause, but it can also lower the ability of your immune system to fight infections. See "What is the most important information I should know about ENBREL®?" and "What are the possible side effects of ENBREL®?"

Who should not use ENBREL®?

Do not use ENBREL® if you:

- have an infection that has spread through your body (sepsis)
- have ever had an allergic reaction to ENBREL®

What should I tell my doctor before starting ENBREL®?

ENBREL® may not be right for you. Before starting ENBREL®, tell your doctor about all of your health conditions, including if you:

- **have an infection.** (See "What is the most important information I should know about ENBREL®?")
- **have seizures, any numbness or tingling, or a disease that affects your nervous system such as multiple sclerosis**
- **have heart failure**
- **are scheduled to have surgery**
- **are scheduled for any vaccines.** All vaccines should be brought up to-date before starting ENBREL®. Patients taking ENBREL® should not receive live vaccines.
- **are allergic to rubber or latex.** The needle cover on the single-use prefilled syringe and the single-use prefilled SureClick® autoinjector contains latex.

Tell your doctor if you are pregnant, planning to become pregnant, or breastfeeding. ENBREL® has not been studied in pregnant women or nursing mothers.

Pregnancy Registry: Amgen has a registry for pregnant women exposed to ENBREL®. The purpose of this registry is to check the health of the pregnant mother and her child. Talk to your doctor if you are pregnant and contact the registry at 1-877-311-8972.

Tell your doctor about all the medicines you take including prescription and nonprescription medicines, vitamins and herbal supplements. Your doctor will tell you if it is okay to take your other medicines while taking ENBREL®. Especially, tell your doctor if you take:

- Kineret® (anakinra). You have a higher chance for serious infections when taking ENBREL® with Kineret®.
- cyclophosphamide. You may have a higher chance for getting certain cancers when taking ENBREL® with cyclophosphamide.

Know the medicines you take. Keep a list of them to show your doctor and pharmacist each time you get a new medicine.

How should I use ENBREL®?

See the Patient Instructions for Use that comes with your ENBREL® product for complete instructions. ENBREL® is available as:

- ENBREL® Single-use Prefilled Syringe
- ENBREL® Single-use Prefilled SureClick Autoinjector
- ENBREL® Multiple-use Vial
- ENBREL® is given by injection under the skin
- Make sure you have been shown how to inject ENBREL® before you do it yourself. Someone you know can also help you with your injection.
- Your doctor will tell you how often you should use ENBREL®. This is based on your condition to be treated. Do not use ENBREL® more often than prescribed.
- Do not miss any doses of ENBREL®. Call your doctor if you miss a dose of ENBREL®. Your doctor will tell you when to take your missed dose.
- Your child's weekly dose of ENBREL® depends on his or her weight. Your child's doctor will tell you which form of ENBREL® to use and how much to give your child.

What are the possible side effects of ENBREL®?

Serious side effects have happened in people taking ENBREL®, including:

- **Serious infections including TB.** See "What is the most important information I should know about ENBREL®?"
- **Nervous system problems** such as Multiple Sclerosis, seizures, or inflammation of the nerves of the eyes have occurred in rare cases. Symptoms include numbness or tingling, problems with your vision, weakness in your arms and legs, and dizziness.

AMGEN®
Wyeth®

Manufactured by Immunex Corporation
Thousand Oaks, CA 91320-1799

Marketed by Amgen and
Wyeth Pharmaceuticals

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- **Blood problems.** In rare cases, your body may not make enough of the blood cells that help fight infections or help stop bleeding. This can lead to death. Symptoms include a fever that doesn't go away, bruising or bleeding very easily, or looking very pale.
- **Heart failure including new heart failure or worsening of heart failure you already have.** Symptoms include shortness of breath or swelling of your ankles and feet.
- **Allergic reactions.** Signs of an allergic reaction include a severe rash, a swollen face, or trouble breathing.
- **Immune reactions including a lupus-like syndrome.** Symptoms include a rash on your face and arms that gets worse in the sun. Symptoms may go away when you stop taking ENBREL®.
- **Lymphoma (a type of cancer).** People with rheumatoid arthritis or psoriasis may have a higher chance for getting lymphoma.

Call your doctor right away if you develop any of the above symptoms.

Common side effects of ENBREL® include:

- **Injection site reactions** such as redness, rash, swelling, itching, or bruising. These symptoms usually go away within 3 to 5 days. If you have pain, redness or swelling around the injection site that doesn't go away or gets worse, call your doctor.
- **Upper respiratory infections** (sinus infections)
- **Headaches**

These are not all the side effects with ENBREL®. Ask your doctor or pharmacist for more information.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store ENBREL®?

- Store ENBREL® in the refrigerator at 36° to 46°F (2° to 8°C).
- **Do not freeze.**
- Keep ENBREL® in the original carton to protect from light.
- Keep ENBREL® and all medicines out of the reach of children.

General Information about ENBREL®

Medicines are sometimes prescribed for purposes not mentioned in a Medication Guide. Do not use ENBREL® for a condition for which it was not prescribed. Do not give ENBREL® to other people, even if they have the same condition. It may harm them and it is against the law.

This Medication Guide summarizes the most important information about ENBREL®. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about ENBREL® that was written for healthcare professionals. For more information call 1-888-ENBREL (1-888-436-2735).

What are the ingredients in ENBREL® Single-use Prefilled Syringe and the Single-use Prefilled SureClick Autoinjector?

Active Ingredient: etanercept

Inactive Ingredients: sucrose, sodium chloride, L-arginine hydrochloride and sodium phosphate

What are the ingredients in ENBREL® Multiple-use Vial?

Active Ingredient: etanercept

Inactive Ingredients: mannitol, sucrose, tromethamine.

Issue Date: 12/2008

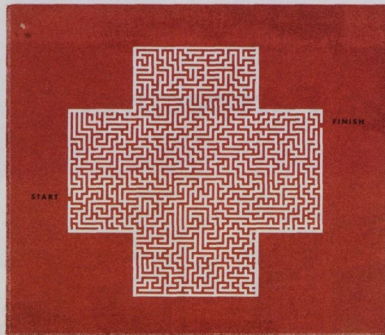
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Where Did Reform Go?

Congress is quietly watering down provisions in health care legislation that were supposed to control medical costs

BY KAREN TUMULTY

PRETTY MUCH EVERYONE AGREES that the health care legislation now making its way through both houses of Congress would do some things well. It would cover almost all of the roughly 33 million legal residents of this country who now lack health insurance. And a vast expansion of Medicaid, coupled with billions of dollars in subsidies to help low- and middle-income Americans buy insurance, would help ensure that most people end up spending less on their health bills, according to a new analysis by the Congressional Budget Office (CBO), Congress's independent scorekeepers.

But what about President Obama's pledge to pass a measure that reins in the larger forces driving up health care costs? Or his vow that a reformed system would deliver more efficient care, with better re-

sults for patients? That's where the legislation could fall well short of the promises.

In a recent letter to Obama, 23 prominent economists identified four provisions that they said "can go a long way toward delivering better health care, and better value, to Americans." They are: ensuring that reform doesn't add to the federal deficit; creating an independent commission to bring Medicare costs under control; discouraging high-cost insurance plans by taxing them; and changing the incentives in medicine so that doctors and hospitals are paid not for how much treatment they give but for how well it works.

Many of these economists—as well as other health experts—are watching in dismay as the legislation's reforms and cost-saving measures are whittled away

by powerful special interests. "It may be that the intersection between what economists consider good policy and [what Washington considers] good politics is very small," says Stanford University's Alan Garber, an organizer of the group who signed the letter to Obama.

The CBO says both the House and Senate versions of the bill would cut the deficit in the long run. But even the CBO acknowledges that its predictions are highly uncertain and based on forecasting models that assume that most of the bill's untested reforms will actually work. To skeptics, that seems too good to be true, especially with millions of new patients coming into the system. While families' health bills may go down, they say, costs for the government—and ultimately taxpayers—are sure to rise. "I find near unanimity of opinion that, whatever its shape, the final legislation that will emerge from Congress will markedly accelerate national health care spending rather than restrain it," Harvard Medical School dean Jeffrey S. Flier wrote in a scathing Nov. 17 Op-Ed in the *Wall Street Journal*.

Here are three areas where the goals of keeping costs down and transforming the system are being quietly ambushed by politics:

Comparative Effectiveness



AFTER A HUGE BEHIND-the-scenes fight last winter, Congress allocated \$1.1 billion of the economic-stimulus measure to "comparative effectiveness"

studies, which evaluate which medical treatments and tests work best. Both the House and Senate bills would set up institutes to compare the efficacy of various procedures. Proponents say the studies are essential to ending medical treatments that juice up fees without adding much benefit.

But it is far from clear whether Congress would allow such studies to affect health care costs. Opponents say they are a precursor to medical rationing. Indeed, both the House and Senate bills explicitly prevent this research from being used to decide which services Medicare would pay for and how much it would reimburse.

And that's unlikely to change. Take

the recent uproar over the recommendation by a government-appointed expert panel that most women delay routine mammograms until age 50. As Health and Human Services Secretary Kathleen Sebelius furiously tried to distance the Administration from the recommendation, a chorus of critics declared it a harbinger of exactly the type of bureaucratic health care apportioning they fear most. Any similarly controversial recommendation based on comparative-effectiveness research would almost certainly be neutered by Congress.

The Senate version of the bill also requires that representatives of the drug industry, the diagnostic-equipment business and medical-device makers—all of which have a financial stake in the results of comparative-effectiveness research—hold seats on the governing board of the new agency in charge of it. The potential for conflict of interest has raised alarms among some in the research community. But Obama's top health adviser, Nancy-Ann DeParle, contends that it's a sign that some of comparative effectiveness's most ardent foes have come around to the idea that technologies and treatments have to prove themselves. "Ten years ago, most of the industry was dead set against this," she says. "Now they are saying, 'We want a seat at the table.'"

Medicare Commission



WHEN OBAMA BEGAN his push for reform, he asked Congress to create an independent commission to regulate Medicare costs. Medicare, which spends more than \$450 billion a year, is such a huge health care player that any changes it makes can lead the way for reforms in the private market. As originally envisioned, the new agency would essentially take over Congress's current authority to set Medicare payment rates for hospitals, doctors, nursing homes and other health care providers. It would use a process like the military-base-closing commission, whose recommendations automatically go into effect unless Congress votes to block them.

As it turns out, however, lawmakers are reluctant to cede the power to steer extra money to hospitals in their own

districts, and the House rejected the commission idea outright. While the Senate bill does contain a version of the commission, it has become weaker at every turn in the process. Under a deal to win hospitals' support for the bill, the Senate Finance Committee agreed they would be exempt from the commission's recommendations at least through 2019; doctors, hospices and medical-equipment suppliers would be beyond its reach entirely. Who is left? Maybe no one. "The exception for hospitals and other providers is fundamentally counter to the goals of the original bill, and I will work to see that it is removed," says Senator Jay Rockefeller, chairman of the Finance Committee's health care subcommittee and an original proponent of the idea. "A watered-down approach to fixing Medicare simply will not work."

Even more damaging in the view of many reformers is a little-noticed deal that Senate majority leader Harry Reid cut to get the support he needed to bring the bill to the floor of his chamber. The original Finance Committee bill would have triggered the commission's recommendations whenever the rate of increase in Medicare spending outpaced overall economic growth—something that happens almost every year. But the current version would allow it to make recommendations only when Medicare spending per capita grows faster than overall health costs. That almost never occurs. The change in economic measuring sounds technical. In effect, however, it "turns off the commission" before it even begins, says a senior congressional aide.

Several sources say Reid made the change in part at the pleading of former Congresswoman Barbara Kennelly, who runs the National Committee to Preserve Social Security & Medicare, a powerful senior-citizens advocacy group. "We don't think there ought to be a commission at all—period," says Maria Freese, the organization's director of government relations. "This is not supposed to be a bill that shrinks Medicare." Administration officials are working to get the teeth restored to the commission idea—"We've got to have it," says an official—but that will be a huge challenge. The White House will need to find 60 Senate votes to reinstate the provision and faces another big battle when the bill reaches a conference committee with the House.

Pilot Projects



THE LEGISLATION IN Congress is chock-full of pilot projects designed to test out ideas for lowering costs. But critics contend that such projects work to preserve the status quo. "We don't need pilots. We have enough information," says Kenneth Thorpe, chairman of the health policy department at Emory University. "Let's go ahead and get on with this."

While the legislation would give the Health and Human Services Secretary more authority than she has now to put some pilot programs into effect, the Senate is already putting the brakes on some of the more innovative ideas. Under its version of the bill, three of the pilot programs that have the most potential to transform health care would require congressional approval before the Secretary could apply them to Medicare nationally. The first is known as "accountable care organizations," an arrangement in which hospitals, primary-care doctors and potentially other medical professionals would have to coordinate care for their shared Medicare patients. All would be held accountable for the results and share in any cost savings. The second is the concept of "bundling" payments. Under that system, hospitals, doctors and other providers would get paid a set fee for a single episode of care—say, bypass surgery—and everyone would have to divide it up. The third is giving patients a "medical home"—another way of ensuring greater coordination among health care providers.

All of those concepts would break the traditional fee-for-service model, in which the more treatment doctors and hospitals give, the more they get paid—regardless of whether what they are doing is necessary or even beneficial for the patient. And each is likely to draw heavy flak from health care providers who see their autonomy—and their incomes—in jeopardy.

Can these shortcomings be reversed? White House officials and health reform advocates say they are trying. "We're not done yet," says DeParle. The question is whether the final weeks of horse-trading will move the bills toward transforming the health care system—or simply making it bigger. ■



High desert The Indian town of Leh (altitude 11,500 ft.) receives almost no precipitation and depends on Himalayan glaciers to supply most of its water



A River Ran Through It

Climate change is melting glaciers high in the Himalayas, threatening crucial water resources for much of Asia—and giving us a convincing reason to fight it

BY BRYAN WALSH/LEH

THE ROAD TO Khardung La begins in the Indian town of Leh on the northwestern fringe of the Himalayas. Exhaust-spewing army trucks rattle up the side of dry rock, past Buddhist monasteries clinging to the craggy mountainside and alongside small farms barely scraping fertility from the earth. Khardung La, the highest motorable mountain pass in the world, is more than 18,000 ft. above sea level, the air so thin that just standing there a few minutes leaves you feeling as if your head might lift off like a balloon. But if 65-year-old Syed Iqbal Hasnain is bothered by the altitude, he isn't showing it. The Indian glaciologist hops lightly from a car and walks to the edge of the pass, beneath fluttering Buddhist prayer flags. The rock is dusted with early winter snow, and there might not be much more this season or next, he says.

Reports from Leh indicate that precipitation has dropped during the past quarter-century as temperatures have risen, a possible consequence of climate change. But the real threat is to the heart of the greater Himalayas and the vast Tibetan Plateau, where more than 40,000 sq. mi. of glaciers hold water in the largest collection of land ice outside the polar regions. "These glaciers are central to the region," says Hasnain, looking over Khardung La. "If we don't have snow and ice here, people will die."

Scientists call it the third pole—but when it comes to clear and present threats from climate change, it may rank first. The high-altitude glaciers of the Himalayas and the Tibetan Plateau—which cover parts of India, Pakistan, Nepal, Bhutan

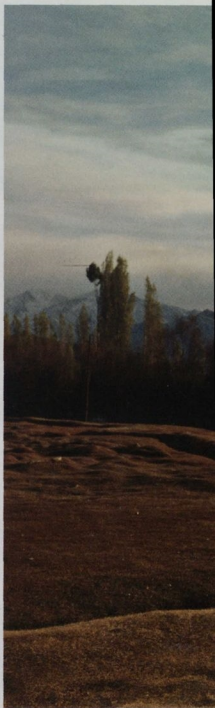
and China—are the water tower of Asia. When the ice thaws and the snow melts every spring, the glaciers birth the great rivers of the region, the mightiest river system in the world: the Ganges, the Indus, the Brahmaputra, the Mekong, the Yellow, the Yangtze. Together, these rivers give material and spiritual sustenance to 3 billion people, nearly half of the world's population—and all are nursed by Himalayan ice. Monsoons come and go, filling the rivers at times and then leaving them lethargic, but the ice melt has always been regular and dependable in a region where water—or the lack of it—defines civilization. "This isn't like the polar ice caps," says Shubash Lohani, an officer with the Nepal program of the World Wildlife Fund (WWF). "You have a huge population downstream from the Himalayas who are dependent on it."

It's a population that is stressed for water, even if the ice doesn't disappear. According to the International Water Management Institute (IWMI), most of South Asia is already in a state of water scarcity, as is much of China. At the same time, the population in this part of the world is set to expand, even as economic growth increases competition for water used in agriculture and industry.

Regardless of the impact of climate change, there is a widening gap between water supplies and needs. In fact, a new report from the international consulting group McKinsey & Co. estimates that by 2030, India alone will have only 50% of the water that it needs under a business-as-usual scenario. Nor is Asia the only region that will grapple with water scarcity in a warmer world: the McKinsey report estimates that the globe will have 40% less water than it needs by 2030 if nothing is done to change current consumption patterns. "The countries where water is already scarce are going to be the ones really vulnerable to climate change," says Colin Chartres, director general of the IWMI.

That makes the security of the Himalayan glaciers all the more important for the region and their potential loss all the more threatening. While it's difficult to get a comprehensive assessment of the tens of thousands of glaciers in the Himalayas—all above 10,000 ft.—independent scientific

studies indicate that the third pole is melting fast, probably because of warming temperatures brought on by climate change. Since 1960, almost a fifth of the Indian Himalayas' ice coverage has disappeared, and the 2007 global-warming assessment by the Intergovernmental Panel on Climate Change judged that glaciers in the Himalayas were "receding faster than at any other place in the world." If global warming goes unchecked, the Himalayan melt will certainly get worse. This year Chinese



'These glaciers are central to the region. If we don't have snow and ice here, people will die.'

—SYED IQBAL HASNAIN, GLACIOLOGIST AND SENIOR FELLOW AT THE ENERGY AND RESOURCES INSTITUTE



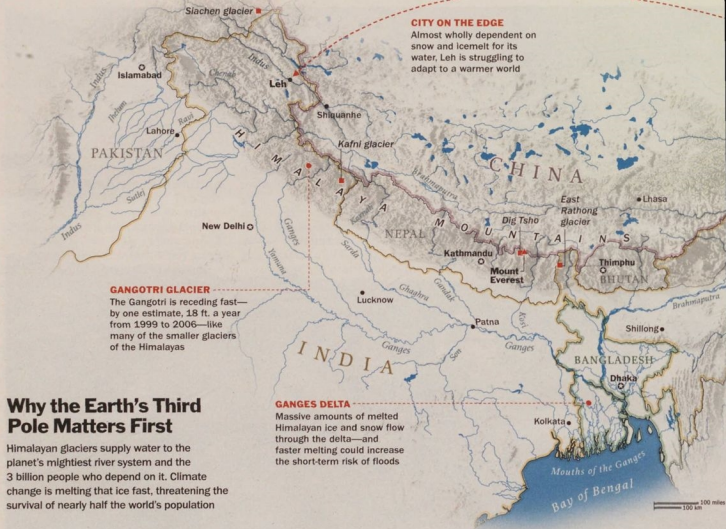
researchers projected a 43% decrease in glaciated area by 2070. If that happens, the impact could be catastrophic. Losing Himalayan meltwater would only stress the remaining resources further. High mountain states like Nepal and Bhutan could suffer flash floods as glacial lakes gave way under the rush of accelerated melting. And since the rivers of the Himalayas are shared by nuclear powers that have engaged in violent conflict over the past half-century—India, Pakistan and China—the threat of a

Iceman Hasnain, above, climbs glaciers to gauge the impact climate change is having on the ice of the Himalayas

war over water can't be denied. "The warming of the past 20 years is getting more and more intense," says Yao Tandong, head of China's Institute of Tibetan Plateau Research. "If warming continues, [the impact] will be even more serious."

Whether the warming will continue is largely up to us. Next week, representa-

tives from more than 190 nations will meet in Copenhagen, where they will work to hammer out a new, more equitable—and more effective—global climate deal. Expectations for the summit have been tamped down in recent weeks, in part because of sluggishness on the part of the U.S. Senate, which has yet to act on a bill that would cap and reduce the country's carbon emissions. There is some good news: President Obama will be in Copenhagen, and the U.S. is pledging to cut carbon emissions 17%



Why the Earth's Third Pole Matters First

Himalayan glaciers supply water to the planet's mightiest river system and the 3 billion people who depend on it. Climate change is melting that ice fast, threatening the survival of nearly half the world's population

below 2005 levels by 2020, while China is promising to improve its energy efficiency. But now is the time to make the hard decisions that will set the world on a cleaner path, one that gives us a chance to avoid truly dangerous climate change. The potential loss of Himalayan ice is by no means the only threat from global warming, but it's one that can be seen in real time, with our own eyes. It can be hard to imagine the amount of energy it takes to melt a mountain glacier; it will take even more imagination to stop the melting. "We must have a global policy to reverse this trend," says Madhav Kumar Nepal, the Prime Minister of Nepal, whose impoverished country will be an early victim of warming. "This question is one of survival."

Scenes from a Warmer World

THERE'S A SAYING ABOUT LEH THAT THE passes are so high and the land is so barren, only a dear friend or a serious enemy

will reach here." That truth overlooks the stark beauty of this town of 27,000 in India's mountainous Ladakh region, but it accurately captures the harsh climate. At 10,000 ft. and surrounded by even higher mountains, Leh is in a cold desert, receiving less than 5 in. of precipitation a year. Young Buddhist monks in training carry tanks of water to the towering monasteries poised in cut-rock valleys. The region

'The melting of these glaciers is the most massive threat to food security that we have ever projected.'

—LESTER BROWN, PRESIDENT, EARTH POLICY INSTITUTE

is permanently water-stressed, and the growth of tourism there has only stretched resources thinner. Without snowmelt from the mountains above and the Indus River, which flows south of the town, it's difficult to imagine anything living there at all. "Leh has always been dependent on the glacier for our livelihood," says Nisa Khatoon, who runs the WWF office in Leh. "When there is less snowfall, less ice, there is a water problem for Leh."

That's exactly what seems to be happening in Leh, whose people, along with those in other high-altitude regions of the Himalayas, are the first in the world to feel the impacts of ice loss. According to a study by the French environmental group GERES, average winter temperatures in the region have risen 1°C, and snowfall has generally declined over the past 25 years. Although relatively little scientific study has been done on the cumulative effect of that warming on the ice and snowpack



in the region—a problem that crops up repeatedly in research on the Himalayas, where sheer inaccessibility makes science expensive and dangerous—elders in the region say the ice they remember from childhood is long gone, having receded up the mountains, and water isn't as plentiful as it once was.

The community has been forced to adapt in unexpected ways. Chewang Norphel, a 74-year-old engineer who has lived in the region his entire life, has been building what he terms artificial glaciers, stone cisterns that can gather and store what meltwater exists. Because he keeps his "glaciers" in the shade—and because they're small, less than 30,000 sq. ft.—the water stays frozen after the winter and can be tapped in the spring to irrigate the farming villages that surround Leh. His invention is a way to compensate for the area's fluctuating water levels, but it's no replacement for glacial ice, which locals say is vanishing. "I have seen

glaciers disappear in my own life," says Norphel. "I don't need the scientific data. I am the scientific data."

The ice loss is visible elsewhere too, including on the world's tallest mountain, in neighboring Nepal. The famous Khumbu glacier, near the end of the trail to the base camp for Mount Everest, has receded 5 km since Tenzing Norgay and Edmund Hillary first ascended the peak in 1953. Sherpas who guide climbers up the mountain today say the trekking has gotten more treacherous and the trail harder to predict as warming has stolen the ice. More dangerous are the risks of bursting glacial lakes and flash flooding because of glaciers weakened by warming. The early stages of Himalayan melt will result in an increase of water flow and pressure within glaciers; when glaciers give way, releasing hundreds of thousands of gallons of water per second, entire villages could be wiped out in an

instant, as happened at the glacial lake of Dig Tsho in 1985. "This threat is not theoretical for us," says Dawa Sherpa, a veteran Everest trekking guide. "This is real, and it will happen more and more. We don't see a very bright future."

In Nepal it's easy to gauge the threat of warming, where the vanishing glaciers can be seen with one's own eyes. But downstream, in the farmland and cities of India, Bangladesh, Pakistan and China, the consequences are both more dire and less evident. According to the estimate of an Indian researcher, melt from the glaciers of the Himalayas supplies the rivers of Asia with more than 300 million cu. ft. of water every year—as much as 50% of the water flow of some major rivers (like the Indus, which irrigates India and Pakistan), according to the International Center for Integrated Mountain Development, an advocacy group based in Kathmandu, Nepal. Although more-rapid melting

from warming would increase that water flow in the short term, potentially aiding agriculture, it would be like making ever larger withdrawals out of a limited bank account: eventually it will run dry. Given how fickle the monsoon can be—and the additional risk of climate change weakening those vital rains—the water tower of the Himalayas becomes all the more important. “It is the ice melt from these glaciers that sustains irrigation,” says Lester Brown, president of the Earth Policy Institute. “The melting of these glaciers is the most massive threat to food security that we have ever projected.”

It is also a threat to global security. In developing nations such as China and India, growing prosperity means ever greater demand for—and potential battles over—water. For countries that have long grappled with famine, that’s a frightening possibility and one that could trigger international conflict. The rivers of the Himalayas crisscross international borders, while the mountains are shared by several nations. Already China has come under fire from its neighbors for damming rivers that eventually flow into other nations. And while security experts point out that cross-border conflict over water has been relatively rare—even India and Pakistan have so far managed to share the Indus—water scarcity has frequently led to internal civil conflict. In a water-stressed region with nuclear capabilities, it could be disastrous to let the most valuable commodity become rarer still. “Climate change is a real specter that we don’t fully understand yet,” says the IWM’s Chartres. “The impacts already seem to be stronger than we expected, and we could have real difficulties in the developing world.”

The Search for Science

THE TROUBLE IS THAT WHILE MELTING glaciers remain a leading indicator of climate change, determining exactly how quickly they’re melting has been difficult, especially in the remote Himalayas. Data on the ground remain thin, and records may go back only a few decades or are all but nonexistent in the case of many glaciers. Nor does it help that the nations that share the Himalayas do so jealously.

‘To me, continuing down our path is akin to committing suicide. But ... I’m optimistic that we’re going to solve these problems.’

—V. RAMANATHAN, CLIMATOLOGIST, SCRIPPS INSTITUTE OF OCEANOGRAPHY



Himalayan Glaciers Under Threat

To see photos of the water crisis at the top of the world, go to time.com/himalayas

India does not allow Chinese researchers to visit its glaciers, China is sensitive because of concerns over Tibet, and India and Pakistan cooperate little on science or almost anything else.

There is, unsurprisingly, active scientific disagreement about the impact of climate change on the glaciers. An Indian-government-backed report published in October claimed that many Indian glaciers are stable or that the rate of retreat has slowed in recent years, despite clear warming. Critics pointed out that the report was not peer-reviewed in a scientific journal and had major data gaps. But the lack of clarity makes it that much more difficult for policymakers to craft the right response. “The Himalayan data just isn’t there,” says Richard Armstrong, a senior research scientist at the National Snow and Ice Data Center in Boulder, Colo., who is skeptical that the glaciers are receding rapidly. “These glaciers are at a very high altitude, and what precipitation they get tends to fall as snow, which can add to their mass. There’s a tendency to oversimplify.”

What’s needed is cold, hard data in a cold, hard place. That’s what Syed Iqbal Hasnain is after. A senior fellow at the Energy and Resources Institute in New Delhi, he began his career as a hydrologist before switching to the more demanding



Waterless world Glacier loss will stress countries like India that are already going dry—leaving families to scramble for drinking water

field of glaciology. For years he and a small band of students have climbed Himalayan glaciers, like the East Rathong, measuring them and tracking their changes. It’s hard and expensive work—not something Indian youth prefer as a profession,” he says with a chuckle—but he’s managed to add to the small body of scientific literature on Himalayan ice. Now he’s embarking on a joint project with the eminent climatologist V. Ramanathan of the Scripps Institute of Oceanography and Eric Wilcox, an atmospheric scientist at NASA, to determine exactly how quickly some benchmark glaciers in the Indian Himalayas are melting. Hasnain’s team will do the fieldwork, driving stakes with global-positioning-system capability into glaciers to let the researchers know year by year how the ice is changing. NASA will be able to augment that



research with satellite data. The team will also test Ramanathan's hypothesis that black carbon—the heavy black soot from diesel combustion and wood-burning that pollutes local air—could play a large part in the melting of the Himalayas in addition to more traditional greenhouse gases. "Putting all this together, we can begin to get a reasonable estimate of the regional melt," says Wilcox.

An Agenda for Copenhagen

FOR HASNAIN, WHO HAS DEVOTED HIS career to studying the dynamics of Himalayan ice, establishing a firm benchmark will help clear up the uncertainty that still clouds the subject. But he has little doubt that the glaciers are melting fast, and he knows saving them will be vital for India, as well as the rest of Asia and the world. That will mean reducing carbon emissions. "The debate is over," he says. "We know the science. We see the threat. The time for action is now."

The place for action will be Copen-

hagen, the Danish capital, where diplomats from will meet from Dec. 7 to Dec. 18 to discuss a new global climate treaty. With the Kyoto Protocol—a flawed deal that the U.S. repudiated and places few demands on major developing nations—set to expire in 2012, time is running out to approve a more effective and equitable agreement, one that could put the world on the path to a safer future in which water will be more plentiful and damaging storms and other natural disasters less frequent. Global CO₂ emissions rose 31% from 1997 to 2008, and emissions from China alone, now the world's biggest emitter, have more than doubled. Instead of leveling off, as many skeptics have argued, the observed effects of climate change, including glacial melt and species loss, have largely accelerated since 1997. "Global warming hasn't paused or declined or reversed," says Eric Steig, a climatologist at the University of Washington and a co-author of a just-released climate science update. "There is the pos-

sibility that the climate system could continue to warm to the highest end of the envelope of climate projections."

But turning back the momentum of climate change will be a momentous undertaking. A 2008 study by Ramanathan concluded that even if we halt the growth of greenhouse gas emissions immediately, we're committed to 4.3°F of warming over the next several decades. While the global community, including the G-8 in a statement last year, has agreed not to allow the global temperature to rise more than 3.6°F above preindustrial levels, we're already at 1.37°F.

The longer we wait to change, the more carbon we add to the atmosphere and the greater the chance that we'll be locking ourselves into truly catastrophic warming. At Copenhagen and beyond, the mission to halt climate change must be led by the U.S.—though the major developing nations that will be responsible for most of the world's carbon emissions must follow closely. "This isn't an environmental problem. It's a humanitarian problem global in scope," says Frances Beinecke, president of the environmental advocacy group Natural Resources Defense Council. "The longer we wait to act, the more expensive those changes will be."

If that's not enough, there are any number of other reasons to cut carbon: to create clean-energy jobs, to break our dependence on foreign oil, to cut pollution, to save money through energy efficiency. But ultimately we need to act because if we fail to do so, the science tells us that we are committing ourselves to an unstable and dangerous world in which geographic, economic and national security—not to mention the health of all earth's species—may be at stake. There are glimpses of that different world in the Himalayas, where warming has happened faster than elsewhere on the planet, where a mountain as immutable as Everest is changing before our eyes. "To me, continuing down our path is akin to committing suicide," says Ramanathan. "But for my granddaughter, I'm optimistic that we're going to solve these problems." If we don't act today, we will fail to safeguard tomorrow for everyone's children. —WITH REPORTING BY

AUSTIN RAMZY/BEIJING ■

Beyond Copenhagen

The climate-change summit will not produce a plan. So it's time for a fresh approach

SHOULD WE BE CONCERNED THAT the Copenhagen Climate Change Conference is not going to produce a concrete plan to reduce greenhouse-gas emissions? Lots of people clearly are. Indeed, while activists prepare to unfurl protest banners, politicians are scrambling for a face-saving way to declare the summit a success. They should all save their energy. The failure of the summit may be a blessing in disguise, because when it comes to dealing with climate change, the last thing we need right now is yet another empty agreement and yet more moral posturing.

For years, we have been spinning our wheels on what I call the Rio-Kyoto-Copenhagen road to nowhere, slavishly following the notion—first endorsed at the 1992 Earth Summit in Rio de Janeiro and then extended in Kyoto 13 years later—that the only way to stop global warming is by means of draconian reductions in carbon dioxide emissions. All we have to show for this devotion is a continuing series of unmet targets, along with a startling increase in the number of people who no longer think climate change is worth worrying about.

Why has this approach led us to this dead end? Well, to begin with, it proposes a solution that costs more than the problem it's meant to solve. It is estimated that if we don't do anything about global warming, its damaging effects will cost the world close to \$3 trillion a year by the end of this century. In an effort to avert this "catastrophe," the industrialized nations have proposed a plan that would mandate cuts in carbon emissions in order to keep average global temperatures from rising any higher than 2°C above preindustrial levels.

Instead of trying to make fossil fuels more expensive, we should focus on making alternative energy cheaper

This is an enormously ambitious goal, but many experts agree it could make a real difference. The problem is that the cure may be worse than the disease. In a paper for the Copenhagen Consensus Center, climate economist Richard Tol, a lead author for the U.N. climate panel, determined that to cut carbon emissions enough to meet the 2° goal, the leading industrial nations would have to slap a huge tax on carbon-emitting fuels—one that by the end of the century would reach something on the order of \$4,000 per metric ton of carbon dioxide, or \$35 per gallon



Carbon's the problem Smoke from a Finnish factory

of gas (\$9 per liter). According to Tol, the impact of a tax hike of this magnitude could reduce world GDP 12.9% in 2100—the equivalent of \$40 trillion a year. In other words, to save ourselves \$3 trillion a year, we'd be giving up \$40 trillion a year. No wonder we're not getting anywhere.

The problem isn't only a matter of economics. There's also technology to consider. On figures from the International Energy Agency, it is clear that to cut carbon emissions by three-quarters over the rest of this century while maintaining reasonable economic growth, we would have to develop alternative-energy sources capable of providing roughly 20 times the energy they do now. To be sure, there are plenty of promising alternative technologies on the horizon. But for all the optimistic talk of sustainable, non-carbon-emitting energy sources, none of

them are remotely ready to shoulder such a load. The fact is, about half the world's electricity comes from coal. For emerging economies like those of China and India, the proportion is closer to 80%. Indeed, burning carbon-emitting fuels is the only way for such countries to rise out of poverty. No wonder so many of them have so much trouble with the largely Western plea that we all go on a carbon diet. It's simply not in their interest to do so.


It's time to stop trying to put the cart before the horse. Instead of trying to make fossil fuels more expensive, we

should focus on making alternative energy cheaper. The cost of fully implementing the Kyoto Protocol (in terms of lost economic growth) has been estimated at roughly \$180 billion a year. For just a little more than half that amount, we could fund a fiftyfold increase in spending on R&D for the kind of game-changing technological breakthroughs—like smart grids, ultra-efficient batteries or even cheap, manageable fusion—we will need to end our addiction to fossil

fuels. Such a commitment would resolve many of today's political challenges. Developing nations would be much more likely to embrace a positive path of innovation than a punitive one that handicaps their ability to grow their economies.

As things stand now, our political leaders continue to offer up little more than fanciful promises that either mean nothing or have little or no chance of being fulfilled. So let's not mourn the failure of the Copenhagen summit. If we are serious about tackling global warming, we need action that actually does good—as opposed to empty agreements and moral posturing that merely make us feel good.

Lomborg, the director of the Copenhagen Consensus Center, is the author of Cool It and The Skeptical Environmentalist



someone who's got what you've got is out doing what you're not

Help prevent asthma symptoms before they start. Talk to your doctor about prescription SINGULAIR. Once-a-day SINGULAIR is proven to help control asthma symptoms for 24 hours. It helps relieve indoor and outdoor allergy symptoms too. Help prevent asthma symptoms—help yourself breathe a little easier while doing the things you want to do. Ask your doctor about steroid-free SINGULAIR.

IMPORTANT SAFETY INFORMATION

SINGULAIR is not a rescue medication. Always carry a prescribed rescue inhaler for emergencies or sudden symptoms. If your asthma symptoms get worse or you need to increase the use of your fast-acting inhaler, call your doctor at once.

Side effects vary by age and may include headache, ear infection, sore throat, and upper respiratory infection. Behavior and mood-related changes have been reported, including agitation, aggression or anger, bad or vivid dreams, depression, anxiety, hallucinations (seeing things that are not there), irritability, restlessness, sleepwalking, suicidal thoughts and actions (including suicide), trembling, and trouble sleeping. Tell the doctor if you have these or any other side effects while taking SINGULAIR. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please read the Patient Information on the following page and discuss it with your doctor.

To learn more about SINGULAIR, visit singulair.com or call 888-MERCK-36.



Having trouble paying for your Merck medicine? Merck may be able to help.
Call 888-MERCK-36 or visit merck.com/merckhelps.



ONCE-A-DAY
SINGULAIR
(MONTELUKAST SODIUM)

takeonasthma.com

Eligible patients may **SAVE up to \$20** on a qualifying prescription for **SINGULAIR**.

How this coupon works:

- This coupon can be used one time before the expiration date and provides a maximum benefit of up to \$20 or the amount of your co-pay, whichever is less.
- To receive up to \$20 in savings on your out-of-pocket cost for SINGULAIR, present the coupon and your insurance card (if any) with a valid signed prescription at any participating eligible retail pharmacy (certain restrictions apply).
- No other purchase is necessary.
- Limitations apply. Not all patients are eligible.
- Please see Terms and Conditions.
- Coupon expires on 06/30/2010

PHARMACIST

- Submit transaction to McKesson Corporation using BIN No. 610524.
- For all other prescriptions, please use the patient's primary method of payment and a new Rx number.
- If primary coverage exists, input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response.

For cash patients, Pharmacist agrees to charge not more than the usual and customary retail price.

- Acceptance of this coupon and your submission of claims are subject to the Terms and Conditions established by McKesson Corporation posted at www.mckesson.com/tips and the terms and conditions of this coupon.

- For pharmacy processing questions, please call the Help Desk at 800-657-7613 (8am–6pm EST, Monday–Friday).
- BIN No. 610524. Group No. 50775512
ID No. 036460099

TERMS & CONDITIONS

Coupon is valid for up to \$20 off one qualifying prescription for SINGULAIR.

Limit 1 coupon per patient for the duration of the program. Valid for 1-time use only. Patient must have a co-payment or make full cash payment for the prescription. Savings are limited to amount of co-pay or cash payment, up to a maximum of \$20. No other purchase is necessary.

Coupon is not transferable. No substitutions are permitted. Cannot be combined with any other free trial, coupon, discount, prescription savings card, or other offer.

Coupon is not insurance.

Coupon is valid for those with private insurance or cash-paying patients. **Not valid for patients covered under Medicaid, a Medicare Part D or Medicare Advantage plan (regardless of whether a specific prescription is covered), TRICARE, CHAMPUS, Puerto Rico Government Health Insurance Plan ("Healthcare Reform"), and any other state or federal medical or pharmaceutical benefit program or pharmaceutical assistance program.**

Not valid for residents of Colorado or Massachusetts.

For patients younger than 18 years who are prescribed SINGULAIR, coupon can be used by parent or guardian. Patient, guardian and prescriber agree not to seek reimbursement for all or any part of the benefit received

by the patient through this offer. Patient or guardian is responsible for reporting receipt of coupon benefit to any insurer or other third party who pays for or reimburses any part of the prescription filled using coupon.

Coupon can be used only by eligible US or Commonwealth of Puerto Rico residents at any participating eligible retail pharmacies in the United States or Commonwealth of Puerto Rico. Product must originate in the United States or Commonwealth of Puerto Rico.

It is illegal to sell, purchase, trade, or counterfeit this coupon.

Coupon is property of Merck & Co., Inc. and must be turned in on request.

Merck & Co., Inc. reserves the right to rescind, revoke, or amend this offer at any time without notice. Void if reproduced. Void where prohibited by law, taxed, or restricted.

Expiration Date: 06/30/2010

THIS COUPON IS NOT INSURANCE

SINGULAR® (SING-u-lair) Tablets, Chewable Tablets, and Oral Granules

Generic name: montelukast (mon-te-LOO-kast) sodium

Read this information before you start taking SINGULAR®. Also, read the leaflet you get each time you refill SINGULAR, since there may be new information in the leaflet since the last time you saw it. This leaflet does not take the place of talking with your doctor about your medical condition and/or your treatment.

What is SINGULAR®?

- SINGULAR is a medicine called a leukotriene receptor antagonist. It works by blocking substances in the body called leukotrienes. Blocking leukotrienes improves asthma and allergic rhinitis. SINGULAR is not a steroid. Studies have shown that SINGULAR does not affect the growth rate of children. (See the end of this leaflet for more information about asthma and allergic rhinitis.)

SINGULAR is prescribed for the treatment of asthma, the prevention of exercise-induced asthma, and allergic rhinitis.

1. Asthma

SINGULAR should be used for the long-term management of asthma in adults and children ages 12 months and older.

Do not take SINGULAR for the immediate relief of an asthma attack. If you get an asthma attack, you should follow the instructions your doctor gave you for treating asthma attacks.

2. Prevention of exercise-induced asthma.

SINGULAR is used for the prevention of exercise-induced asthma in patients 15 years of age and older.

3. Allergic Rhinitis.

SINGULAR is used to help control the symptoms of allergic rhinitis (sneezing, stuffy nose, runny nose, itching of the nose). SINGULAR is used to treat seasonal allergic rhinitis (outdoor allergies that happen part of the year) in adults and children ages 2 years and older, and perennial allergic rhinitis (indoor allergies that happen all year) in adults and children ages 6 months and older.

Who should not take SINGULAR?

Do not take SINGULAR if you are allergic to SINGULAR or any of its ingredients.

The active ingredient in SINGULAR is montelukast sodium.

See the end of this leaflet for a list of all the ingredients in SINGULAR.

What should I tell my doctor before I start taking SINGULAR?

Tell your doctor about:

- Pregnancy:** If you are pregnant or plan to become pregnant, SINGULAR may not be right for you.
- Breast-feeding:** If you are breast-feeding, SINGULAR may be passed in your milk to your baby. You should consult your doctor before taking SINGULAR if you are breast-feeding or intend to breast-feed.
- Medical Problems or Allergies:** Talk about any medical problems or allergies you have now or had in the past.
- Other Medicines:** Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, and herbal supplements. Some medicines may affect how SINGULAR works, or SINGULAR may affect how your other medicines work.

How should I take SINGULAR?

For adults and children 12 months of age and older with asthma:

- Take SINGULAR once a day in the evening.
- Take SINGULAR every day for as long as your doctor prescribes it, even if you have no asthma symptoms.
- You may take SINGULAR with food or without food.
- If your asthma symptoms get worse, or if you need to increase the use of your inhaled rescue medicine for asthma attacks, call your doctor right away.
- Do not take SINGULAR for the immediate relief of an asthma attack.** If you get an asthma attack, you should follow the instructions your doctor gave you for treating asthma attacks.
- Always have your rescue medicine for asthma attacks with you.
- Do not stop taking or lower the dose of your other asthma medicines unless your doctor tells you to.

For patients 15 years of age and older for the prevention of exercise-induced asthma:

- Take SINGULAR at least 2 hours before exercise.
- Always have your inhaled rescue medicine for asthma attacks with you.
- If you are taking SINGULAR daily for chronic asthma or allergic rhinitis, do not take an additional dose to prevent exercise-induced asthma. Speak to your doctor about your

- treatment of exercise-induced asthma.
- Do not take an additional dose of SINGULAR within 24 hours of a previous dose.

For adults and children 2 years of age and older with seasonal allergic rhinitis, or for adults and children 6 months of age and older with perennial allergic rhinitis:

- Take SINGULAR once a day, at about the same time each day.
- Take SINGULAR every day for as long as your doctor prescribes it.
- You may take SINGULAR with food or without food.

How should I give SINGULAR oral granules to my child?

Do not open the packet until ready to use.

SINGULAR 4-mg oral granules can be given:

- directly in the mouth;
- dissolved in 1 teaspoonful (5 mL) of cold or room temperature baby formula or breast milk;
- mixed with a spoonful of one of the following soft foods at cold or room temperature: applesauce, mashed carrots, rice, or ice cream.

Be sure that the entire dose is mixed with the food, baby formula, or breast milk and that the child is given the entire spoonful of the food, baby formula, or breast milk mixture right away (within 15 minutes).

IMPORTANT: Never store any oral granules mixed with food, baby formula, or breast milk for use at a later time. Throw away any unused portion.

Do not put SINGULAR oral granules in any liquid drink other than baby formula or breast milk. However, your child may drink liquids after swallowing the SINGULAR oral granules.

What is the dose of SINGULAR?

For asthma—Take once daily in the evening:

- 10-mg tablet for adults and adolescents 15 years of age and older,
- One 5-mg chewable tablet for children 6 to 14 years of age,
- One 4-mg chewable tablet or one packet of 4-mg oral granules for children 2 to 5 years of age, or
- One packet of 4-mg oral granules for children 12 to 23 months of age.

For exercise-induced asthma—Take at least 2 hours before exercise, but not more than once daily:

- One 10-mg tablet for adults and adolescents 15 years of age and older

For allergic rhinitis—Take once daily at about the same time each day:

- One 10-mg tablet for adults and adolescents 15 years of age and older,
- One 5-mg chewable tablet for children 6 to 14 years of age,
- One 4-mg chewable tablet for children 2 to 5 years of age, or
- One packet of 4-mg oral granules for children 2 to 5 years of age with seasonal allergic rhinitis, or for children 6 months to 5 years of age with perennial allergic rhinitis.

What should I avoid while taking SINGULAR?

If you have asthma and if your asthma is made worse by aspirin, continue to avoid aspirin or other medicines called non-steroidal anti-inflammatory drugs while taking SINGULAR.

What are the possible side effects of SINGULAR?

The side effects of SINGULAR are usually mild, and generally did not cause patients to stop taking their medicine. The side effects in patients treated with SINGULAR were similar in type and frequency to side effects in patients who were given a placebo (a pill containing no medicine).

The most common side effects with SINGULAR include:

- stomach pain
- heartburn or intestinal upset
- heartburn
- tiredness
- fever
- runny nose
- cough
- flu
- upper respiratory infection
- dizziness
- headache
- rash

Less common side effects that have happened with SINGULAR include:

- increased bleeding tendency
- allergic reactions (including swelling of the face, lips, tongue, and/or throat (which may cause trouble breathing or swallowing), hives and itching)
- drowsiness, pins and needles/numbness, seizures (convulsions or fits)
- palpitations
- nose bleed
- diarrhea, indigestion, inflammation of the pancreas, nausea, vomiting
- hepatitis
- bruising

- joint pain, muscle aches and muscle cramps
- swelling

Behavior and mood-related changes have been reported: agitation including aggressive behavior or hostility, bad/vivid dreams, depression, feeling anxious, hallucinations (seeing things that are not there), irritability, restlessness, sleep walking, suicidal thoughts and actions (including suicide), tremor, trouble sleeping. Tell your doctor if you experience behavior or mood-related changes while taking SINGULAR.

Rarely, asthmatic patients taking SINGULAR have experienced a condition that includes certain symptoms that do not go away or that get worse. These occur usually, but not always, in patients who were taking steroid pills by mouth for asthma and those steroids were being slowly lowered or stopped. Although SINGULAR has not been shown to cause this condition, **you must tell your doctor right away if you get one or more of these symptoms:**

- a feeling of pins and needles or numbness of arms or legs
- a flu-like illness
- rash
- severe inflammation (pain and swelling) of the sinuses (sinusitis)

These are not all the possible side effects of SINGULAR. For more information ask your doctor or pharmacist.

Talk to your doctor if you think you have side effects from taking SINGULAR.

General information about the safe and effective use of SINGULAR

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use SINGULAR for a condition for which it was not prescribed. Do not give SINGULAR to other people even if they have the same symptoms you have. It may harm them. **Keep SINGULAR and all medicines out of the reach of children.**

Store SINGULAR at 25°C (77°F). Protect from moisture and light. Store in original package.

This leaflet summarizes information about SINGULAR. If you would like more information, talk to your doctor. If you have any questions or for more information about SINGULAR that is written for health professionals.

What are the ingredients in SINGULAR?

Active ingredient: montelukast sodium

SINGULAR chewable tablets contain aspartame, a source of phenylalanine.

Phenyletonurics: SINGULAR 4-mg and 5-mg chewable tablets contain 0.674 and 0.842 mg phenylalanine, respectively.

Inactive ingredients:

- 4-mg oral granules: mannitol, hydroxypropyl cellulose, and magnesium stearate,
- 4-mg and 5-mg chewable tablets: mannitol, microcrystalline cellulose, hydroxypropyl cellulose, ferric oxide, croscarmellose sodium, cherry flavor, aspartame, and magnesium stearate,
- 10-mg tablet: microcrystalline cellulose, lactose monohydrate, croscarmellose sodium, hydroxypropyl cellulose, magnesium stearate, hydroxypropyl methylcellulose, titanium dioxide, ferric oxide, yellow ferric oxide, and carnauba wax.

What is asthma?

Asthma is a continuing (chronic) inflammation of the bronchial passageways where the air tubes that carry air from outside the body to the lungs.

Symptoms of asthma include:

- coughing
- wheezing
- chest tightness
- shortness of breath

What is exercise-induced asthma?

Exercise-induced asthma, more accurately called exercise-induced bronchoconstriction occurs when exercise triggers symptoms of asthma.

What is allergic rhinitis?

- Seasonal allergic rhinitis, also known as hay fever, is triggered by outdoor allergens such as pollens from trees, grasses, and weeds.
- Perennial allergic rhinitis may occur year-round and is generally triggered by indoor allergens such as dust mites, animal dander, and/or mold spores.
- Symptoms of allergic rhinitis may include:
 - stuffy, runny, and/or itchy nose
 - sneezing

Rx only

US Patent No.: 5,965,473

Issued August 2009

Distributed by:

MERCK & CO., INC.

Whitehouse Station, NJ 08859, USA

20952846(16)(415)-SNG-CON

If a neighbor asked, would you stop using your toilet and start saving your poop to compost?

GOING GREEN, PAGE 74

Life

FOOD EDUCATION TECHLAND GOING GREEN



FOOD

**The
Toughest
Diet.** Amid
all the
tasting, fat
chefs are
finding ways
to get skinny

BY JOEL STEIN

MAYBE THIS IS HOW THE obesity epidemic ends: by giving chefs TV shows. Because people on TV don't like looking fat. And perhaps when chefs start to worry about their own weight, they'll start to worry about their customers'.

At least that's how it worked for Food Network host and best-selling cookbook author Alton Brown, who one day saw himself on TV and noticed he was a doughy 213 lb. Then he started noticing the size of his fans. "I'd go to appearances and see an audience of very heavy people. And I thought, 'What role do I have in that?'" says Brown, who is thinking about writing a book about the 50 lb. he has lost since March. "Celebrity chefs are the high priests of the food craze that is partly responsible for the fattening of America.

Top Chef, Meet Biggest Loser. How to slim down when your job is tempting other people's palates



Michael Psilakis

WHAT HE'S FAMOUS FOR
Bon Appetit's 2008 Chef of the Year

HOW HE LOST THE WEIGHT
The chef of New York City's Anthos says he never used to eat poorly—he just ate a lot. He kicked off his 80-lb. weight loss with a three-day fast and a vow not to eat after 10 p.m.



Alton Brown

WHAT HE'S FAMOUS FOR
Food Network host and cookbook author

HOW HE LOST THE WEIGHT
Brown has dropped 50 lb. since March by boycotting French fries and other junk. "The old wisdom of everything in moderation was pretty much hogwash," he says. Now he grazes on healthier fare such as avocados, sardines and almonds



Jacques Torres

WHAT HE'S FAMOUS FOR
New York City-based gourmet chocolatier

HOW HE LOST THE WEIGHT
Through Weight Watchers, Torres has knocked off more than 20 lb. He deals with cravings by reaching for one of his 70%-cocoa chocolate bars, which are low in sugar

We helped people get into this mess. I don't see why we shouldn't help get them out."

These days so many chefs are losing weight that Brown says even Mario Batali, the cultural signifier of joyous lardo-spread excess, has knocked off some pounds. The methods used by the chefs I talked to are pretty simple and should work for anyone if they've worked for people who spend their long working hours surrounded by amazing food they're forced to keep tasting, people who talk, think and read about flavor all day long, people who—forget about a carton of ice cream in their freezer—have a pastry chef in their office.

"There's an argument, 'How can you be a chef who's skinny?'" says Michael Psilakis, the chef at New York City's Anthos and *Bon Appetit's* 2008 Chef of the Year. "It's an excuse we've used to eat," says Psilakis, who went from 280 lb. to 200 lb. before putting

a few back on recently. "If I'm opening a new restaurant, I always gain weight, partly from the stress. For people who love food, they use it as a form of therapy. It's the same thing for people who smoke."

Many chefs, including Brown and Alex Stratta, of Alex at Wynn Las Vegas, think of their eating habits as addictions they needed to kick. "You don't cut back on heroin, you don't cut back on smoking; you either quit or you don't," says Brown, who now snacks incessantly on avocados, sardines and almonds, having given up almost everything bad for him. "I decided there were foods I was just not going to have. I've probably had three tons of French fries in my life. I don't need any more French fries."

Change did not come easily for Stratta. "That cartoon was the perfect portion of Häagen-Dazs," he says. "Serves eight? No, it serves one guy who really likes ice cream." Stratta

decided to get off sugar, fatty meats and carbs after his suit wouldn't fit for an awards reception, sending him into a big-and-tall shop. "I was a size-20 neck. I was mortified. I was like Alex the Neck," he says. In 18 months, he went from 270 lb. to 190 lb., which is below his high school weight. His new rules include starting the morning with a protein shake, having only three meals a day and never eating after 6 p.m.

Even the chefs who haven't gone cold turkey—along with other lean proteins and vegetables—have severely cut down on the foods they enjoy. Rocco DiSpirito, the chef, cookbook author and *Dancing with the Stars* contestant, went from 216 lb. to 176 lb. pretty

quickly after being prodded by his chiropractor to do a charity triathlon despite the fact that he couldn't run a mile. His upcoming book *Now Eat This: Fried Chicken, Macaroni and Cheese, Brownies and 147 Other Favorite Dishes You Thought You Could Never Eat—All Under 350 Calories* offers an easier approach than the one he took, which involved not only running, swimming and biking but also cutting out lots of foods and then incrementally returning them to his diet. "If everyone reading your article gave up sugar, they'd lose 10 lb. in a month. Sugar is nasty, nasty stuff," he says.

Tyler Florence is among the chefs who told me they had massively cut down on their meat intake. Even Michael Lomonaco, the chef of the Manhattan steak joint Porter House New York who recently knocked off 10 lb., eats a lot of simply cooked proteins surrounded by vegetables. "I do a slow-roasted salmon—there's no oil, no added fats—roasted on cedarwood in an oven. It's served with big white beans, fresh tomatoes and tarragon," he says. "What a great steak house this is: the chef is telling us to eat salmon."

But Jacques Torres, the New York City-based chocolatier, still eats his chocolate. Through Weight Watchers, he knocked off 20 lb. and then another 12 lb. in September in a charity competition for chefs that was sponsored by the weight-loss program. He stocks up on 70%-cocoa chocolate bars, with the goal of always having a low-sugar option on hand. Because when a craving hits, not even a Weight Watchers-trained, insanely talented pastry chef with a refined dessert palate can get in its way. "Last Sunday I was craving so much for sweets, I went to buy a cheesecake." Even worse, he confesses, "I bought it at the supermarket. I was in Jersey."



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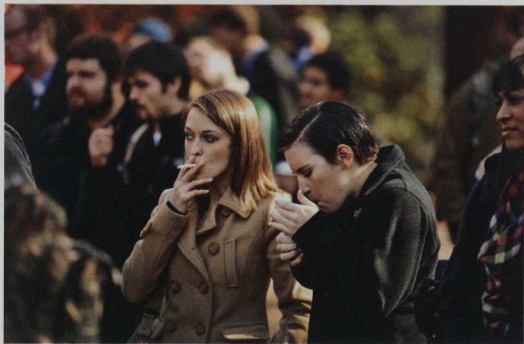
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Clean-Air College. As more schools ban smoking outside, compliance is often left to peer pressure, not punishment



BY GILBERT CRUZ

AT MANY COLLEGES, SMOKERS are being run not just out of school buildings but off the premises. On Nov. 19, the University of Kentucky, the tobacco state's flagship public institution, launched a campuswide ban on cigarettes and all other forms of tobacco on school grounds and parking areas. Pro-nicotine students staged a "smoke-out" to protest the new policy, which even rules out smoking inside cars if they're on school property.

Kentucky joins more than 365 U.S. colleges and universities that in recent years have instituted antismoking rules both indoors and out. In most places, the issue doesn't seem to be secondhand smoke. Rather, the rationale for going smoke-free in wide open spaces is a desire to model healthy behavior.

Measures like creating

smoke-free buffer zones—so people don't have to walk through a cloud of smoke to get into and out of school buildings—have had limited success. "We have a 25-ft. smoke-free boundary around campus buildings," says Julee Stearns, health-promotion specialist at the University of Montana's Curry Health Center. "But what's 25 ft. to some people isn't necessarily 25 ft. to others." An all-out campus ban, says Stearns, removes the need for guesstimating. The university is considering such a rule, which could take effect as early as fall 2011.

Purdue University, which has 30-ft. buffer zones, recently considered adopting a campuswide ban but tempered its proposal after receiving campus input. Smoking will now be restricted to limited outdoor areas.

One big problem with a total ban is enforcing it. Take the University of Iowa. In July

SMOKE STATS

365+

Number of U.S. universities and colleges with tobacco bans indoors and out

\$300

Amount the University of Iowa will reimburse for antismoking aids

\$50

Fine for smoking at the University of Iowa. About 25 citations have been issued since July

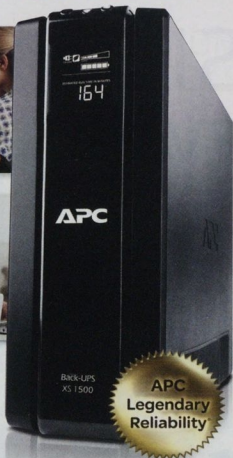
What a drag Students at a protest of the University of Kentucky's new campuswide tobacco ban

2008, the school went smoke-free in accordance with the Iowa Smokefree Air Act, violations of which can result in a \$50 fine. But so far, the university has ticketed only about 25 offenders. "Our campus is about 1,800 acres, so to think that we could keep track of who is smoking on campus at any given time isn't really feasible," says Joni Troester, director of the university's campus wellness program. Instead, the school helps those trying to kick the habit by offering smoking-cessation programs and providing reimbursement for nicotine patches, gum and prescription medications like Zyban.

The University of Michigan will probably take a similar approach when its ban takes effect in July 2011. "We don't have a desire to give tickets or levy punishments," says Robert Winfield, the school's chief health officer. "We want to encourage people to stop smoking, set a good example for students and make this a healthier community."

Naturally, there has been pushback from students. "Where do we draw the line between a culture of health and individual choice?" asks Jonathan Slemrod, a University of Michigan senior and president of the school's College Libertarians. "If they truly want a culture of health, I expect them to go through all our cafeterias and get rid of all our Taco Bells, all our pizza places." Students might want to enjoy those Burrito Supremes while they can. In today's health-obsessed culture, those may be next. ■

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 **BOSCH**

TECHLAND

TV on the Go. Why rush home to see your favorite show when it can be simulcast in your hand?



Phone-size boob tube Flo TV streams live and previously aired content for \$15 a month

BY PETER HA

THERE'S NEVER BEEN A COMPELLING REASON to have a portable TV. Do we really need another way to rot our brains? Flo TV certainly thinks so. The Qualcomm-developed technology began appearing on a handful of mobile phones last year and offers live and previously aired content from a variety of networks including Comedy Central and the Disney Channel. Flo TV's new Personal TV (PTV) is a direct-to-consumer device that streams content without the hassle of having to deal with a mobile-phone carrier. But does someone with an iPhone or even a DVR need another TV-related gadget? It may be difficult to justify the \$250 price tag, but when such a handy little device works as advertised, it's hard to say no. Six months of free service doesn't hurt either.

Built by HTC (makers of the Sprint Hero, the Verizon Droid Eris, etc.), the PTV features a large 3.5-in. touchscreen, built-in speakers, an adjustable stand and instant access to programming at all hours of the day. At 5.5 oz., it weighs a tad more than your standard BlackBerry or iPhone. Changing channels is as easy as swiping your finger up or down on the screen. There's also a dedicated menu button that can bring up the entire programming guide should you wish to peruse your options.

For whatever reason, the speakers are placed on the back of the device, making it difficult to distinguish between audio streaming from your PTV and people chattering nearby. Headphones can solve this problem if you're tuning in, say, at your cubicle or in the back of a lecture hall. Battery life is estimated at five hours of TV viewing, but we here in TIME's Techland managed to squeak out more than eight hours on our first go-round. Mileage varies based on signal strength and battery conditioning, but we were impressed nonetheless.

The mobile Flo TV service, which costs \$15 a month, is quite good when signal strength is optimal, with very little buffering. However, when pulling up the programming guide, the audio checks out for a second and then resumes without a hitch until you switch channels. Certainly not a deal breaker in our book, but if you're a compulsive channel surfer, there's a chance it could become a nuisance.

There are currently only a few channels that are simulcast, meaning you can watch, essentially in real time, breaking news on Fox News Channel or select sporting events on ESPN. So if your favorite game is delayed, your PTV won't miss a beat. Can you be sure that your DVR will actually record all that you want it to? Is there an app for that? ■

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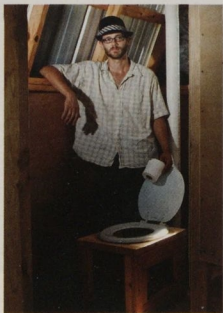
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GOING GREEN

Humanure. Goodbye, toilets. Hello, extreme composting. Why the future may hold more old-school commodes



BY ADAM FISHER

FOR WELL OVER A DECADE, 57-YEAR-OLD roofer and writer Joseph Jenkins has been advocating that we flush our toilets down the drain and put a bucket in the bathroom instead. When each of the buckets in his five bathrooms is full, he empties them in the compost pile in his backyard in rural Pennsylvania. Eventually he takes the resulting soil and spreads it over his vegetable garden as fertilizer.

"It's an alternative sanitation system," says Jenkins, "where there is no waste." His 255-page *Humanure Handbook: A Guide to Composting Human Manure* is in its third edition and has been translated into five languages, but it has only recently begun to catch on. His message? Human manure, when properly managed, is odorless. His audience? Ecologically committed city dwellers who are looking to do more for the earth than just sort their trash or ride a bike to work.

"It's one of those life-changing books," says Erik Knutzen, 44, an eco-blogger in Los Angeles. "You read it, and the lightbulb just goes on." Now he eschews his porcelain potty for a big bucket with a toilet seat. He "flushes" by tossing in a scoop of sawdust, which not only neutralizes smells but also

Urban outhouse

David Bailey helped install a composting toilet in Austin. Sawdust is used to eliminate odor



helps speed the breakdown of composting material. Like many back-to-basics sophisticates, he believes Jenkins' humanure system is more sanitary and more rational than the conventional alternative. "Human waste is a perfectly good source of an important resource, nitrogen," Knutzen observes. "Water is a valuable resource too. Why mix the two and turn all of it into a problem?"

Wastewater treatment is much more energy-intensive than composting, which needs little more than time (about a year) for complete decomposition and pathogen elimination. In Austin, Texas, a sustainably minded nonprofit, the Rhizome Collective, succeeded this year in getting the city to approve what may be the first legal composting toilet in the U.S. "The hypocrisy is amazing," says Lauren Ross, 54, a civil engineer who helped spearhead Rhizome's four-year battle to get a permit. "The city will buy you a low-flow toilet, but they'll fight you all the way if you want to build one that uses no water at all."

It's an idea that you, dear reader, might be asked to take seriously. Not long ago, Nance Klehm, 44, a self-described radical ecologist in Chicago, invited her neighbors to stop using their toilets and start saving their waste. More than half of them—22 of the 35 households—accepted her proposal. In three months she picked up 1,500 gallons (5,700 liters) of excrement, which she'll give back to participants this spring after she and Mother Nature have transformed it into a rich bag of fertilizer. "I've sent a sample in for a coliform test," Klehm says. "There is zero detectable fecal bacteria." At one point, she invited her "nutrient loopers" to a potluck and was surprised to see who had agreed to participate. "It was the white collar people, not the ragtag anarchists. Mostly, they were delighted that they got this wacky proposal," she says. "They didn't know how to connect with the earth, but they could s_____ in a bucket."

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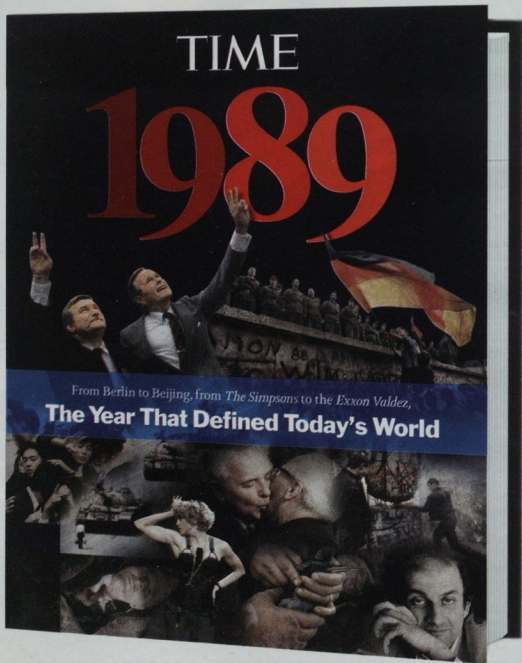
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TOURISM

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With its biggest ship ever, Royal Caribbean plans to give travelers a more landlike trip

BY DEIRDRE VAN DYK

FOR AN INDUSTRY RIFE WITH SUPERSTITIONS—it's bad luck to rename ships, step aboard with your left foot, sight a redhead before you sail—Friday the 13th would seem an unlikely day for Royal Caribbean Cruises Ltd.'s (RCL) newest vessel, *Oasis of the Seas*, to make her debut arrival in Port Everglades, Fla. Yet there she was, delayed two days by the stormy Atlantic on the way over from a shipyard in Finland,

her 16 decks dwarfing the passing Miami skyline. The \$1.4 billion megaship—the largest passenger ship ever made, with room for 6,296 guests—is nearly half again as big as the last biggest cruise ship, RCL's *Freedom of the Seas*. She's as big as a supertanker or a container ship. Flatten the deck and you could launch F-18s off it. If you were sitting on the 20th floor of a high-rise next to the ship, you'd be able to talk to the sunbathers beside one of the pools.

The buzz has been just as big, says



CruiseCritic.com's editor Carolyn Spencer Brown. "I've been covering the industry for 14 years, and I've never seen people so excited about it. And these aren't ship geeks."

Filling a ship that humongous in the middle of an economic storm will take a lot more than ship geeks too. Across the industry, the number of passengers isn't down, but sales and revenues are hurting because of discounts as deep as the blue seas. RCL's third-quarter net income fell to \$230 million, compared with last year's \$411 million—while sales were \$1.8 billion, a 14% decrease. "Average pricing is less than normal," says Royal Caribbean International's CEO, Adam Goldstein, "but we're hopeful that we'll recover pricing as quickly as possible." That's important because a cruise-ship company owns its properties, unlike hotel companies that manage resorts, so RCL bears all the ships' finance and carrying costs.

Oasis is a giant leisure machine, with more spas, pools, bars and activities than you could probably hit in a week. Royal Caribbean calls itself the Nation of Why Not—"as in, Why not try rock climbing?" says Goldstein. "You don't have to try surfing on the Flowrider, but it's there." You can get certified for scuba diving, take an ice-skating lesson, ride a zip line, play basketball, spar in a boxing ring, have a massage or see a version of the Broadway show *Hairspray*. "They're thinking outside the box," says JoAnne Koehn, owner of Travel by Gagnon, an independent agency in Grand Rapids, Mich., who has been on 60 cruises. "For someone who thinks cruising is eating yourself sick at the buffet, sit-

ting in a smoky casino or lounging by the pool, this ship will change their mind."

To build the world's biggest cruise ship RCL also had to build the world's widest one, at 208 ft., and that change in naval architecture allowed the company to rethink what a cruise ship could be. The upper decks have been split open in the middle of the ship to create a light-filled atrium with 12,000 plants tended by a full-time horticulturist. The open space, which the company calls Central Park, helps eliminate one of the worries that have caused travelers to shun ships—the fear of feeling cooped up. "One of the ironies of cruising is that you're out on the open seas," says Brown, "yet spend all your time indoors."

To secure a berth on this baby, you'll need to shell out a minimum of \$1,529 for a seven-night cruise, which breaks down to \$218 a day. Not terrible for food, lodging and a Broadway show, not to mention the jazz revues, pools and aqua theater at your disposal. A luxury suite can put you out \$7,609 a week, or \$1,087 per day. Capacity across the industry has increased—15 ships have launched this year, including Carni-

Where's the ocean? In *Oasis*'s parklike atrium, you might forget you're on a boat

val's *Dream*, and 12 set sail next year—so there are deals of less than \$60 per day out there. "Hotels are shaking in their boots," says Peter Yesawich, CEO of Y Partnership, a marketing firm, "and they should be."

The design also allows the company to create areas throughout the ship that target specific demographics, such as families. With a carousel on deck and buffets featuring animals carved from fruit, along with science labs, crafts centers and play theater, the company is trying to broaden its appeal. But the goal is to lure not only parents but folks in their 40s with incomes of \$90,000 or more. The industry isn't quite there yet. According to the Cruise Lines International Association, the average cruiser's age is 50—down from 56 in 2002—but RCL is hoping *Oasis* cracks the code.

The search for younger customers not only drives the multiple activities, the super spas and the entertainment; it's also driving the trend to shorter hops. "Younger people aren't going to sail for 24 days down the coast of South America," says Yesawich. "They don't have that vacation time." That's one reason *Oasis* is based in the Caribbean and set up for seven-day voyages.

The cruise industry is basically a duopoly, with two players—Carnival, which owns Cunard, Holland America, Princess and Seabourn, among others, and Royal Caribbean, which also owns Celebrity and a few international lines—controlling 70% of the market. There are three segments: contemporary, at \$200 and under

It's been a frustrating time, but in this downturn it's critical to satisfy customers and hope they'll come back and pay a higher price.'

—ADAM GOLDSTEIN, CEO, ROYAL CARIBBEAN INTERNATIONAL



PROFESSION: PILOT CAREER: ACTOR

People are acquainted with the star, the multi-faceted actor. But John Travolta is also a seasoned pilot with more than 5,000 flight hours under his belt, and is certified on eight different aircraft, including the Boeing 747-400 Jumbo Jet. He nurtures a passion for everything that embodies the authentic spirit of aviation. Like Breitling wrist instruments. Founded in 1884, Breitling has shared all the finest hours in aeronautical history. Its chronographs meet the highest standards of precision, sturdiness and functionality, and are all equipped with movements that are chronometer-certified by the COSC (Swiss Official Chronometer Testing Institute). One simply does not become an aviation supplier by chance.

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per day; premium, \$250 and up; and luxury, at \$300 and above. Royal Caribbean and Carnival operate mostly in the contemporary segment.

An estimated 13 million cruisers set sail in 2008, and the Cruise Lines International Association says cruising has grown worldwide 7% on average each year for the past 20 years. But industry executives believe the market is underpenetrated—if so, it must be one of the few markets left that is—with only 20% of Americans having ever taken a cruise. Robin Farley, an analyst at UBS, says only 5% of vacationers opt for cruises each year, “just larger than the number of people who go to Branson, Mo.”

To cruise lines, every passenger is a potential ATM, which is why they’ll do anything to avoid leaving with empty berths. A full ship is important to the atmosphere, and to employees’ pockets, as tips are an important income boost. If you board, you might buy drinks, spa treatments, snorkeling excursions or even airbrush tattoos. And gamble. So the 103% occupancy rates RCL has maintained through the recession have been worth the deep discounting. “It’s been a frustrating time,” admits Goldstein, “but in this downturn it’s

critical to satisfy our customers and hope they’ll come back and pay a higher price.”

Your ticket accounts for more than 70% of revenue—Royal Caribbean had sales of \$6.5 billion last year, with \$574 million in earnings—and ancillary charges, easily paid with a swipe of your onboard ID, made up about a quarter of those revenues. In the past 10 years, the ships have added acupuncture, personal trainers, spinning classes and premium restaurants. One line even offers Botox treatments. The bigger the boat, the more opportunities, which is why Kochneff, for one, expects cruise companies to introduce more sea monsters like *Oasis*.

So far the industry has built up a good repeat business. Its core customers are a passionate bunch. “Cruising traditionally is about creating communities at sea,” says Brown, “and they do extend it to land.” There is ample reward for the devotion. Frequent cruisers get cabin upgrades, cocktails with the captain. “People lust after this status,” says Yesawich.

A happy repeat customer is great, but

Testing the waters Passengers can choose among four pools aboard *Oasis*

“if ships are sailing full, you can only grow passenger volume at the rate you’re adding capacity,” says Farley. Yesawich sees some pent-up demand. According to his yearly Travel Monitor survey, 40% of active travelers say they’re interested in taking a cruise in the next two years. “That’s a remarkable number,” he says. “Only a handful of places score higher. This business is going to explode.”

Matthew Jacob, a senior leisure analyst at Majestic Research, is more cautious. “They’re trying to overcome people’s reluctance by making staterooms bigger and showing that they have more amenities than shuffleboard, with the onboard water parks,” says Jacob. “But when it comes down to it, you’re still on a ship. And that’s not for everybody. And it never will be.”

According to Yesawich, *Oasis* is tailor-made for first-timers—hence the park, the golf, the shows. “Getting them on the ship is the big hurdle,” says Brown. “So the way to get a ton of them up the gangplank is to make it as much like land as possible.” Apparently, irony floats. ■



Allure of *Oasis*

To see more photos of Royal Caribbean’s new supership, go to time.com/oasis

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ENVIRONMENT

Get Smart. The electrical grid is leaky, but networking it to the Internet could create a clean-energy revolution

BY BRYAN WALSH

IN 1886, THE TOWN OF GREAT BARRINGTON, Mass., set up the first alternating-current electrical transmission line in the U.S. In the nearly 125 years since, the products we run with electricity have changed incalculably, but in many ways, the massive grid that delivers that power has barely changed at all. Utilities have little means of tracking the electricity they produce and distribute; if a blackout occurs, they're in the dark until angry customers start calling.

Users are in the same boat. They don't know much about the electricity coming in, and they don't much care, since they generally pay about the same for their power throughout the day even though spikes in demand make electricity much more expensive to produce at peak times. The result is a creaky electrical grid that is still prone to spectacular failures like the 2003 blackout in the northeastern U.S. and parts of Canada. Yet smaller leaks are problematic too. "We lose between 7% and 9% of our power in the wires of our trans-

missions system," says Don Von Dollen, program manager at the Electric Power Research Institute. "That's a lot of power lost into the air." Our tech is 21st century, our grid barely in the 20th.

But there's a way to upgrade the grid by marrying the networked intelligence of the Internet to transmission lines and transformers. The result wouldn't just be better; it'd be smarter—a smart grid. Utilities would be able to remotely monitor the distribution of electricity, allowing them to respond rapidly to any outages. Consumers would be able to use intelligent, networked appliances to control how and when they use electricity, shrinking their power bills and smoothing demand.

A smarter grid could better integrate intermittent renewable sources like wind and solar, which would help cut carbon emissions and ultimately save consumers as much as \$20 billion over the next decade. Though transforming the nation's electrical system will be a long and expensive process, the creation of a smart grid is one of the White House's top green priorities,

with the Federal Government releasing \$3.4 billion in grants in October to 100 companies working on the grid. "It will make our grid more secure and reliable," said President Barack Obama in an October speech. "Building this 21st century energy infrastructure will help us lay a foundation for lasting growth and prosperity."

We're still a long way from a truly smart national grid, but cities around the U.S. are beginning to put the pieces together. In ever green Boulder, Colo., the utility Xcel Energy has embarked on its SmartGridCity project, an experiment that would make the town the first fully functioning smart-grid-enabled municipality in the world. It begins with the installation of 16,000 advanced smart meters, which allow Xcel to track its customers' electricity use on a real-time basis. With the entire system networked, that data can be used to anticipate failures and allow Xcel to respond quickly; the project has already helped the utility avert four potential long-term outages this year. "We can see a failure before it's a failure," says Jay Herrmann, regional vice president of Xcel.

The company will soon launch an in-home energy-management Web system that will allow Boulderites to remotely review and control their electricity consumption. With that knowledge comes power: by tracking our consumption patterns, we can use electricity more efficiently. "Fundamentally we're applying information technology to the existing electrical infrastructure," says Mark Brownstein, managing director of business partnerships at the Environmental Defense Fund. "With greater information, we can provide new opportunities to improve service and reliability."

Among those opportunities will be the chance to improve electrical efficiency so much that utilities will be able to forgo adding new power plants. Right now, consumption usually peaks in the afternoons of hot summer days, when air conditioners are throbbing, and ebbs in the middle of the night. Utilities always need to ensure that they have enough reserve capacity to meet the moments of highest demand.

But if utilities were able to track electricity consumption in real time, they could price power according to consumption rates—higher during peak demand times and lower during the ebb. Customers could then adjust their consumption. The result would be a flattened demand curve, reducing some of the need for utilities to build new, often polluting power plants. That same technology could better integrate wind and solar into the grid, because a smart-grid system could more easily compensate for the days when the wind isn't blowing or the sun isn't shining. "Peak



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Network Power. How a smart home will work on a smart grid

1. PLUG-IN CAR

Electric cars will draw a lot of power from the grid—but a smarter system will control when they charge and could use them as mobile batteries

2. COMPUTER

Consumers will be able to use their computers to control their electricity use, telling utilities how much they want to use and when

3. DISHWASHER

Smart appliances like dishwashers and air conditioners would run when demand is low

4. THERMOSTAT

Once connected to the smart grid, utilities could remotely control your home's heating and cooling

5. WATER HEATER

Often one of the top power users in a house, the water heater could be set to respond to price or environmental signals from the grid

6. BATTERY PACK

Because intermittence is a big problem with solar power, batteries could store green energy for use when the sun isn't shining

7. UTILITY HUB

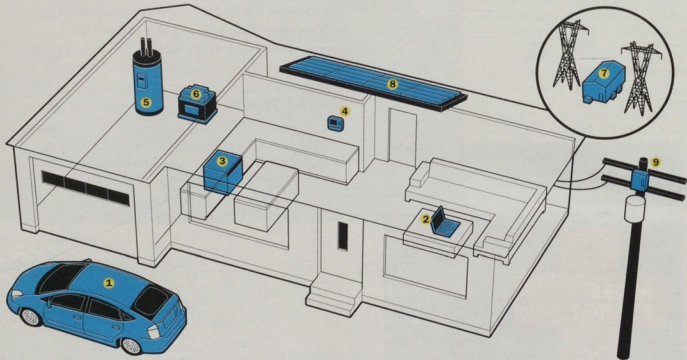
Just like a hub of an online network, this is where the utility will process signals to and from its customer base

8. SOLAR PANEL

A smarter grid will make it easier for consumers to generate their own electricity with solar and sell it back to the grid

9. SENSORS

Sensors on power lines will allow utilities to monitor service in real time, responding to outages before they cascade out of control



demand is the big issue," says Dan Sheflin, chief technology officer for Honeywell Automation and Control. "That's really a key leg in the smart grid."

It would be too much to expect consumers to manually respond to changing pricing schemes—unless you want to become the DJ of your thermostat. Instead, consumers will rely on smart appliances that will be plug-and-play with the new grid. Power hogs like refrigerators, water heaters and air conditioners will be able to respond to price signals—automatically powering down during price peaks and cycling back up when electricity is cheaper. Control would still be in the consumer's hands: if you like your house arctic cold during the hottest days of the summer, you could program your air conditioner to run 24/7. But it would be push-button simple to select more efficient consumption.

When electric cars come into wide use, the same principle will apply. Smart cars will draw power from the grid during times

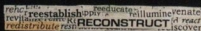
of low demand and maybe even transmit back to the grid during peak periods. "These products will be able to communicate directly to the utility," says Kevin Nolan, vice president for GE Consumer and Industrial, which expects to have smart appliances on the market as early as 2011. "They'll know when we can afford to use lots of electricity and when we need to curtail it."

For that to work, though, the smart grid will have to be about more than just technology. Smart policy has to be in place. Right now, utilities make their money by selling electricity, and for them, the more juice they sell, the better their bottom line. As long as that's the case, a smart grid may seem like a threat. Instead, utilities must be rewarded for essentially selling less electricity, as they already are in California—one reason that state is a leader in energy efficiency. And the smart grid will require a standardized system of protocols to enable utilities, meters and appliances to talk to one another. "It's a lot

like the development of the Internet," says George Arnold, who runs the smart-grid program for the government's National Institute of Standards and Technology. "Those standards need to get firmed up."

Of course, an electrical grid that works like the Internet could have a downside. There are concerns that a smart grid could be a tempting target for hackers or even terrorists, though defenders point out that similar fears haven't stopped the growth of e-commerce. The potential benefits of building a more intelligent grid outweigh the risks and the up-front costs.

As the world works to find a way to deal with global warming at the U.N. climate summit in Copenhagen next month, it's important to remember that the cheapest way to cut carbon is not to emit it in the first place. "It's going to be a long journey, but the investment will be worth it," says Allan Schurr, vice president for strategy and development at IBM's energy and utility business. It is the smart decision. ■



Re_acciona

INVESTING

Banking on Carbon. Climate change is a megatrend opportunity, says Deutsche Bank. Ignore it at your peril



BY BRYAN WALSH

A BILLBOARD JUST OUTSIDE NEW YORK City's Penn Station railway hub advertises something very scary, but it's not the latest *Saw* horror film. It's a digital readout, the number spinning upward almost faster than the eye can catch: it's currently above 3.6 trillion. The sign is a constantly updated calculation of the metric tons of carbon dioxide in the atmosphere. Like the National Debt Clock that tried to goad an earlier generation to take action on fiscal prudence, the Carbon Counter is a visual reminder that the world is getting warmer all the time, that our industrial activities are the cause—and that global warming is in danger of spinning out of control.

It's an effective bit of climate advertising, but what's surprising is that the Carbon Counter isn't sponsored by an environmental group, a university or even Al Gore. It was put up on June 18 by the financial group Deutsche Bank. At a time when many major corporations are still hedging their bets on climate change or even outright opposing government action—see the U.S. Chamber of Commerce's intramural war on carbon cap and trade—

Deutsche Bank is forging a different path.

The German bank sees climate change as a megatrend over the coming decades, one that will inevitably affect every business and investment—not to mention every person. Those companies—and banks—that can prepare and adapt to climate change ahead of their competition will benefit handsomely. Conversely, those that fail to do so will be hit hard. Carbon will be a new bottom line. "The way around this will be a combination of government regulations and private sector answering the call," says Kevin Parker, global head of Deutsche Asset Management. "Investors will have a huge role."

Based in ultra-green Germany, Deutsche isn't your average investment bank—and Parker isn't your average in-

'We have to ask whether it's going to be possible to feed 9 billion people. It's clear the planet can't sustain the rate of growth the way we live.'

—KEVIN PARKER, DEUTSCHE ASSET MANAGEMENT

Green is golden Parker's investment strategy has a carbon component

vestment banker. A wealthy environmentalist, he bought a vineyard in the south of France in 1997 and began churning out organic wine. Yes, it's easier being green when you can afford it.

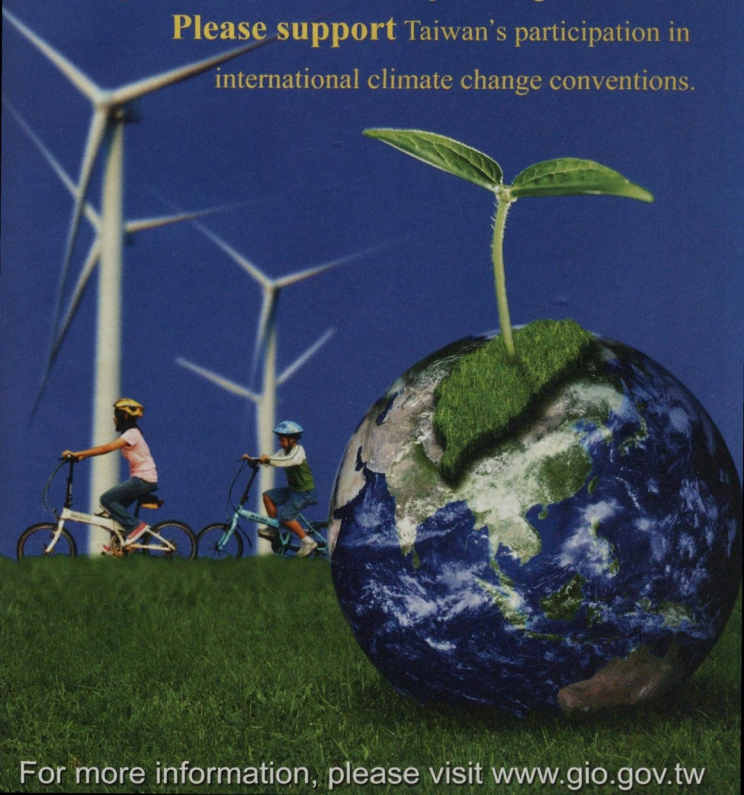
But the focus on climate change that he's brought to Deutsche Asset Management, where he oversees more than \$600 billion, has less to do with his personal passions than with a clear-eyed view of the business risks posed by global warming. DB Climate Change Advisors, the firm's global-warming group, has pumped out research that demonstrates just how seriously warming will affect investing. For instance, one report predicted that the planet's caloric needs would rise 50% by 2050, thanks to growing populations, increased wealth and expanding biofuel demand while global warming threatens agriculture by reducing water supplies when more people than ever will need to be fed. "We have to ask whether it's going to be possible to feed 9 billion people," says Parker. "It's clear the planet can't sustain the rate of growth the way we live."

But if we adjust the way we live—assuming we do—there will be tremendous opportunities for the companies that can get ahead of these megatrends. In 2006, Parker launched the first climate-change investment funds; today they're worth more than \$5 billion. It has invested in energy efficiency, environmental management, agriculture and other areas in the emerging clean-technology field. That's still a comparatively small slice of Deutsche Asset Management's pie. The U.S. fund has done surprisingly well recently, gaining more than 20% over the past year.

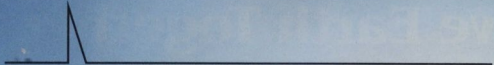
For climate investing to grow, Parker says, businesses will need a strong, steady signal from government—most likely in the form of a carbon cap. That's why he supports the carbon-cap-and-trade bills up for debate in the U.S. Congress and hopes for a successful outcome at the U.N. climate-change summit in Copenhagen in December. "You have to put a price on it, and then the market will figure it out," he says. Until then, the Carbon Counter will only go in one direction: up. ■

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Arts

MOVIES CULTURE BOOKS SHORT LIST



MOVIES

King of the (Blue) World. *Titanic* director James Cameron pilots his fantasy epic *Avatar* to screen. Will it sink or swim?

BY REBECCA KEEGAN

IN APRIL 2008, IN A WINDOWLESS LOS ANGELES warehouse where Howard Hughes built his airplanes some 70 years earlier, James Cameron, in a hockey jersey and jeans, was doing something elite directors do not do—holding a camera. “Why can’t I see anything?” he yelled from an apparently empty warehouse floor to a small crew huddled over computer monitors in

a corner. “Oh, oh, oh, I’m in the monster’s head!” Cameron backed up, and a peek through his camera lens revealed blackness giving way to a thick and vivid rain forest where a tall, blue, alien version of Sigourney Weaver was battling the monster whose head had just blocked the director’s view. On the warehouse floor there was no rain forest, no monster, no Weaver—just a bunch of guys and their computers. But Cameron’s camera was al-

lowing him to shoot inside a virtual universe of his own creation. He swooped in over the monster’s shoulder and entered the world of *Avatar*.

Equal parts artist and gearhead, Cameron, 55, has brought to film the time-travel saga of *The Terminator*, the watery depths of *The Abyss* and the sinking deck

Alien attraction Neytiri (Saldana) and Jake (Worthington), *Avatar*’s hot couple

of *Titanic*. But more than any of his previous movies, *Avatar* is wholly Cameron's world. The 2½-hr. sci-fi epic follows an ex-Marine named Jake Sully as he struggles for survival on an alien moon called Pandora, home to a tall, blue, humanoid species called the Na'vi and to a mysterious resource called unobtainium, which draws humans in a future century to colonize the planet. Jake (Sam Worthington) must inhabit the body of a human-alien hybrid, or avatar, to breathe the noxious air on Pandora. There he falls in love with a Na'vi woman and finds himself at the center of a human-Na'vi battle. The story had been knocking around in Cameron's brain since the 1970s, when, while driving a truck for Southern California's Brea Olinda Unified School District, he began to paint some fanciful scenes that would linger in his mind: flying jellyfish, wood sprites (which he called "dandelion things"), blazingly colorful bioluminescent forests, fan lizards and big-eyed cats.

Years in the making, and with a production budget from \$200 million to \$300 million plus marketing costs, *Avatar* arrives in theaters on Dec. 18 to colossal expectations. The movie industry hopes its immersive special effects spark a big-screen renaissance. Fans crave the next *Star Wars*. It's a heavy burden, even for a man who seems to enjoy doing only things that are hard. Cameron first laid out his vision for the technology he would use in the film in a digital manifesto in the early 1990s; he then labored to perfect it over the course of a decade and a half, creating cameras that let him peer into virtual worlds and pushing for the industry's adoption of a digital 3-D format. The result is as if the director has broken through the screen and pulled the viewer by the hand into a new, exotic world.

Bringing Pandora to Life

DESPITE CAMERON'S SUCCESS WITH *Titanic*—the highest-grossing movie of all time and winner of a record-tying 11 Oscars—*Avatar* was not an easy sell to his home studio, 20th Century Fox. Since 1997, Cameron had been largely absent from the Hollywood scene, riding in submarines, shooting documentaries and building new filmmaking toys. In 2005, Fox funded a \$10 million, 5-min. prototype for the movie, but when Cameron delivered a 153-page draft of the script months later, the studio balked. Here was an ambitious project with a lot of risky elements, including unproven technology, blue protagonists with tails and a script that wasn't based on a comic book, novel or video game—making it unique for a big-budget film in its time. In September 2006,

Fox formally passed on *Avatar*. Only after another studio (Disney) seemed poised to take it on—and after Cameron made concessions in both his script and his compensation—did Fox green-light the film. Now he just had to make it.

The director's last movie had involved creating the largest and most meticulously detailed set ever made: a scale replica of the *Titanic*. By contrast, *Avatar*'s performance-capture soundstage, which is called the volume, looked like a *Saturday Night Live* skit about postmodern theater. Instead of sets, gray-painted polygons and the occasional tree were moved around to create topography. For the computer-generated (CG) scenes, which make up about 60% of the finished film, the cast wore clingy Lycra bodysuits covered in markers that were recognized by the 102 cameras on the warehouse ceiling. They donned skullcaps rigged with tiny cameras that imaged their faces. Thanks to software created for the film, the actors appeared on Cameron's monitor in real time as their alien counterparts.

With more than 2,500 special-effects shots, the bulk of the man-hours on *Avatar* were spent not on a stage but in a dark viewing room in Los Angeles, in teleconferences with collaborating artists from Peter Jackson's Weta Digital studio in Wellington, New Zealand. The real world was being used to inform the fictional one: an energy map of the Pandoran forest was modeled on rat neurons; hours were spent getting alien sap to drip precisely right.

And as much as he could, Cameron tried to place the cast emotionally inside the environment of Pandora. He took the actors to Hawaiian rain forests and shot reference footage for them to use as sense memory. To help them feel an explosion, he boomed a noise over amplifiers, threw foam particles at them and whacked them with a padded jousting pole. To approximate Pandora's moss-covered terrain, he laid plastic sheets on the floor, forcing the cast to walk gingerly. When Zoe Saldana, who plays Jake's Na'vi love interest Neytiri, was "riding" a flying creature, she clung to a giant gray hobbyhorse rocked on a gimbal by grips. For scenes that combined live action with CG, Cameron used a new tool called a Simulcam, which allowed him to see actors playing in exotic CG surroundings in real time. Cameron's goal was to shoot as if he were filming a documentary on another planet. It was the kind of filmmaking



Avatar's Mostly Human Element

THE SCIENTIST
Weaver's botanist Grace Augustine is a human-alien hybrid, or avatar, working with an exotic species called the Na'vi on the moon Pandora



From The Futurist: The Film and Films of James Cameron.
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THE GEEK

Joel David Moore plays Norm, a human in the avatar program

THE BRAIN

Cameron first began painting images for *Avatar* while working as a truck driver in the 1970s. Since the mid-'90s, he has been building the technology to realize the story

THE HERO

As wounded former Marine Jake Sully, Worthington is an avatar recruit who finds love and war on Pandora

THE HEROINE

Saldana's Neytiri is a Na'vi woman and Jake's Pandoran tour guide



environment that required both imagination and patience. A crew member wrote a set catchphrase on a whiteboard: "It's *Avatar*, dude, nothing works the first time."

Avatar Onscreen

AUDIENCES GOT THEIR FIRST LOOK AT *Avatar* footage in July at San Diego's Comic-Con. When the trailer went online on Aug. 21, demand was instantaneous, quickly making it the most downloaded trailer at Apple.com. The *Avatar* footage triggered a record 4 million streams in its first day. But the reaction wasn't all glowing. Some commenters likened the Na'vi to George Lucas' reviled CG character Jar Jar Binks, others to the '80s TV cartoon *Thundercats*. Those who saw the footage in theaters (it screened in select IMAX locations) were considerably more impressed, but the initial hype and interest that had surrounded the project were giving way to a backlash. This was a place Cameron had been before, on *Titanic*—only instead of bloggers and online commenters, back then it was the mainstream media who snickered at his ambition.

One script element Fox had initially objected to was Cameron's failure to explain unobtainium, the precious resource that sends humans to Pandora to strip-mine the planet ruinously. *Unobtainium* is a joke term engineers have used for decades to describe any needed material that is rare, costly or difficult to obtain. For Cameron, the specificity of unobtainium is not important, and despite Fox's objections, he never explains in the movie what makes unobtainium worth the trouble of interstellar travel. But the answer to that mystery is that the substance's room-temperature superconducting properties make it the key to cheap power generation back on Earth, where all the oil has run out. Unobtainium is crucial to running ships like the ISV *Venture Star*, which delivers humans to Pandora. The irony is that the more unobtainium humans mine on Pandora, the more they will be able to travel there. It's a devastating feedback loop.

Like all of Cameron's movies, *Avatar* can be watched as pure escapist entertainment or as a dire warning about humanity's current path. But here, for the first time, Cameron's future vision has not been limited by the strictures of a real-world movie set. The result is his most fantastical film, one that hews to the rules of science in its creatures and environments but not to the limitations of the physical world of props and the human body. Of course, it still needs to draw human bodies to the theater. Its trickiest special effect is yet unseen: meeting the expectations that await it. ■

CULTURE

A Handmade World. Why steampunk is the subculture of the moment

BY LEV GROSSMAN

IN 1822 THE ENGLISH MATHEMATICIAN Charles Babbage had an idea for a machine that would perform mathematical calculations rapidly and infallibly. This was long before the age of electrical circuitry, so Babbage's plan called for the machine to be executed in brass and steel and powered by a hand crank. If it had been completed, his Difference Engine would have been a magnificent beast, requiring 25,000 parts and weighing about 15 tons. But he ran out of money and patience and had to abandon it unfinished.

Now imagine if Babbage hadn't abandoned it. Fork the timeline. Imagine if computing technology had developed along the lines of Babbage's vision: brass and steel instead of silicon and plastic; clockwork instead of electronics. In fact, imagine if all the great technological revolutions of the past 100 years hadn't happened. Our world would run on Victorian tech—it would be a handmade,



Rad hatter A fan shows off a steampunk costume at Comic-Con in San Diego

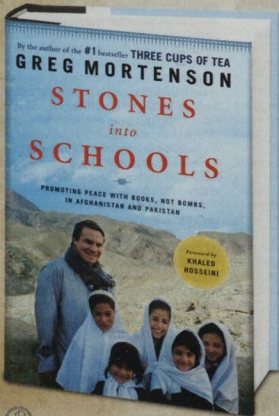
steam-powered world, finished in leather and mahogany. It's an elegant, romantic vision. And it has a name: steampunk.

Steampunk has been around for at least 30 years, with roots going back further. An early example is K.W. Jeter's 1979 novel *Morlock Night*, a sequel to H.G. Wells' *The Time Machine* in which the Morlocks travel back in time to invade 1890s London. Steampunk—Jeter coined the name—was already an established subgenre by 1990, when William Gibson and Bruce Sterling introduced a wider audience to it in *The Difference Engine*, a novel set in a Victorian England running Babbage's hardware and ruled by Lord Byron, who had escaped death in Greece.

Ever since then, steampunk has been bubbling under: in role-playing games and anime, video games like *Myst* and *Thief* and comic books like Alan Moore's *League of Extraordinary Gentlemen*. Look at the dirigibles and clockwork mechanisms in Philip Pullman's alt-Victorian *The Golden Compass*. Recall the steam-driven, Kenneth Branagh-piloted arachnid colossus in Will Smith's *Wild Wild West*.

Instead of fading away, steampunk has gotten increasingly intense and relevant, and right now it seems to be rising to the surface. Scores of steampunk novels were

STEVE MASTERS



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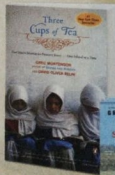
In *Three Cups of Tea*, Greg Mortenson showed how to change the way we think about this volatile region of the world. Now, in

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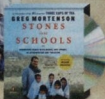
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A tradition of being non-traditional.

published this year. There are steampunk housewares and steampunk bands and Victorian-inflected steampunk fashions. There are 27 steampunk iPhone apps available on iTunes. Magazines like *Steampunk* and blogs like *Brass Goggles* and the *Heliograph* track the scene. A museum in Oxford, England, is currently holding an exhibition of steampunk art. The steampunk meet-up at last summer's Comic-Con in San Diego was mobbed. In late October, Seattle hosted Steamcon, its first annual steampunk convention.

Scott Westerfeld, whose *Uglies* novels are huge best sellers, chose a steampunk setting for his new young-adult series. *Leviathan*, published in October, tells the story of two teenagers—an Austrian prince and an English girl passing as a boy—in a Europe divided between the Austro-Hungarian Clankers, who are technologists, and the British Darwinists, who are bioengineers. *Leviathan* takes place as World War I begins, which is the end of the early era of technological romance,” Westerfeld explains. “Those first tanks and other machines of war look almost comical to us now, but to the first soldiers to encounter them on the battlefield, they must have seemed like monsters. Steampunk was a way to reinvigorate that horror.”

You can read the steampunk movement



‘Steampunk is a nostalgia for a time when technology had some relationship to the human scale.’

—SCOTT WESTERFELD, AUTHOR OF THE STEAMPUNK NOVEL *LEVIATHAN*

as a response to the realities of modern consumer technology. Take the iPhone: its form gives no clue as to its function or who made it or where it came from. There are no screws. You can't hack it. It's perfect, but it might as well have been made by aliens and fallen to Earth in an asteroid.

The same way punk took back music, steampunk reclaims technology for the masses. It substitutes metal gears for silicon, pneumatic tubes for 3G and wi-fi. It maximizes what was miniaturized and makes visible what was hidden. Where the iPhone is all stainless steel and high-gloss plastic, steampunk is brass and wood and leather. Steampunk isn't mass-produced; it's bespoke and unique, and if you don't like it, you can tinker with it till you do.

Steampunk is like a snapshot from the last moment in human history when technology was intelligible to the layman. “The Internet is global and seemingly omniscient, while iPods and phones are all microscopic workings encased in plastic blobs,” Westerfeld says. “Compare that to a steam engine, where you can watch the pistons move and feel the heat of its boilers. I think we miss that visceral appeal of the machine.”

“Plus,” he adds, “those Victorians dressed a lot better than we do.” —WITH REPORTING BY GARY MOSKOWITZ/LONDON

BOOKS

The Memoirist's Club. Mary Karr's third book is her most intimate

BY MARY POLS



NO MATTER HOW MESSED UP Mary Karr's childhood seemed in *The Liars' Club* or how tumultuous her adolescence in the follow-up, *Cherry*, those two best sellers stood as proof that this howlingly funny writer had not only survived but also stayed sufficiently clear-eyed to tell her tales. We loved Karr, but we didn't have to worry about her in adulthood. Or so we thought.

Lit (Harper, 386 pages), her third memoir, picks up right where *Cherry* left off, and it stands as a testament to the impossibility of shrugging off your own beginnings. Karr's childhood catches up with her, turning her into a self-doubting, raging alcoholic incapable of a healthy partnership with her über-WASP husband Warren Whitbread (not his real name). Thankfully, *Lit* also details the ways she went from suicidal to sober, got divorced and got published.

In some ways, *Lit* is her most intimate

book, full of fallibilities and acceptance of responsibility and viewed at more immediate narrative proximity (although she must be close to 20 years sober now). Karr is less a character and more a living, breathing being. And as a mother to a son, Dev, she is both stronger and more vulnerable. At one point during an attempt to quit drinking cold turkey, she describes



Queen of *Lit* The best-selling author in her Manhattan apartment

his toddler hand on her back as she vomits; his innocent query "Did you get a bad food?" wrecks her—and us.

Karr is the last person who would call her story inspirational—you can almost hear her dry snort at the word—but ultimately, she can't deny it. *Lit* chronicles her finding first her higher power, then cautiously calling that God and finally embracing Catholicism. She adopts prayer grudgingly and often hilariously ("I'll keep at this perfunctory gratitude the way a stout girl drinks diet sodas while stuffing her face with cheese fries") but is so convincing of her need for it that even an atheist would have trouble arguing her out of her Sunday pilgrimages.

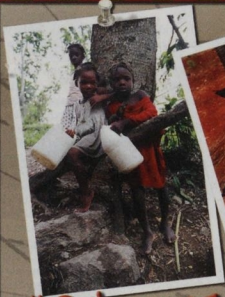
She admits to holes in her memory—"that mysterious dead-head space around the marriage's unraveling"—which leaves the reader impotently grasping at Warren's ghost. Her cadence can sometimes slip into Yoda's rhythms ("fitful, this rest is"). But the overall impression is of a sorrowful narrative poem as humble and funny as it is beautiful. Karr is an "inveterate check grabber," she tells us, out of "the poor girl's need to prove solvency." Perhaps a similar need drives her generosity on the page. Certainly her readers, once again, are the lucky beneficiaries. ■



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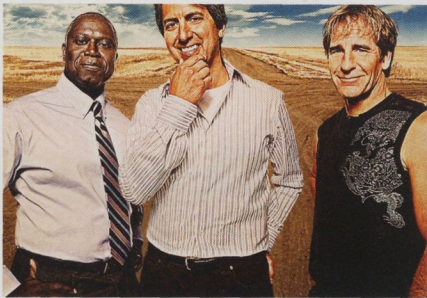
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Short List

TIME'S PICKS FOR THE WEEK



1 TELEVISION

Men of a Certain Age

It's a shock to see Ray Romano doing drama, Andre Braugher doing comedy and Scott Bakula neither *Quantum Leaping* nor captaining the *Enterprise*. But this odd trio has a laid-back chemistry in TNT's wry buddy dramedy about work, love and divorce among the Viagra demo.

2 TELEVISION

Chris Colfer of *Glee*

Our favorite TV soprano since Tony, Colfer has transcended fey clichés to sell Kurt as a likable choral linchpin and rival to diva Rachel, with flawless skin and one hell of a placekicking toe. As *Glee* takes a break until April, it's his gravity-defying turn we'll long for.

3 THEATER

Fela!

This Broadway celebration of Nigerian musician-activist Fela Anikulapo Kuti is little more than an enhanced concert with snippets of biography. But Bill T. Jones' exuberant choreography and the explosion of Fela's soul-stirring Afrobeat music make it irresistible.

4 ALBUM

Glitter and Doom

Tom Waits' live album from his 2008 tour features the gravel-throated crooner at his finest: 17 tracks culled largely from the past two decades of his career, plus a disc of the stories and odds and ends that complete the concert experience. Now if only he'd tour more.

5 CDS

The Bing Crosby CBS Radio Recordings

The signature pop singer of his era, Crosby was also a radio star. The 160 cuts on Mosaic Records' seven-disc box set, recorded from 1954 to '56 with Buddy Cole's quartet, reveal Bing at his most swingin'. These are a master's lucid readings of the American songbook.



Stanley Tucci's Short List

A veteran actor, director and screenwriter, Tucci recently appeared on the big screen as the earthy, adoring husband of Julia Child in *Julie & Julia* and as a cutthroat editor's fashionable right-hand man in *The Devil Wears Prada*. Next up, he takes on a far creepier role, as a killer in *The Lovely Bones*, out this month. Tucci spends some of his downtime *Dwelling* on one of his favorite magazines and getting his Marx Brothers fix.

Brilliant artist

I just saw Uruguayan artist Joaquín Torres-García's brilliant, life-altering wood-construction exhibit at the Menil Collection in Houston. I had never heard of him, but he is absolutely incredible. Known primarily as a painter, he later made beautiful wood sculptures. His work has elements of Paul Klee and Georges Braque.

Songbirds that soar

The depth of the music of Dusty Springfield, the Dixie Chicks and Rosanne Cash and the range of their instruments is gorgeous. I'm also an admirer of the Dixie Chicks because of the political and moral stance that they take.

Reading material

The *Guardian* is by far the best newspaper because of its unbiased information; it is probing and without spin. And I love reading *Dwell*—it's a great, cutting-edge architecture magazine.

Transformative theater

Annie Baker's play *Circle Mirror Transformation*, which recently ran in New York City, was not only very sophisticated but also beautifully directed—subtle yet theatrical. The dialogue is naturalistic and poetic, and the acting in this new play was impeccable.

Movie classic

Animal Crackers is still one of the greatest movies ever. It's both the opposite of what I just said about Annie Baker's play and exactly the same. I've loved the Marx Brothers since I was a kid. They are irreverent, ironic and ultimately profound.



Arts Online

For more reviews and openings this weekend, go to time.com/entertainment



Joel

Stein

Fast Times, 20 Years On. I'm the most famous guy at my high school reunion. That plus \$122 gets me a Coors Light

FOR YEARS, I HAD A PLAN FOR MY 20TH HIGH SCHOOL reunion: I was going to hire a giant-breasted hooker with lots of makeup and tell everyone she was my wife. Unfortunately, my actual wife Cassandra totally didn't get why it was funny for her to stay with my mom in New Jersey while I went out with a hooker. She wasn't even willing to dress like a hooker, though she did tell me not to wear a blazer because it would look as if I was trying too hard to impress my classmates. I thought I had already covered that by writing a column about my life in *TIME* magazine and appearing on every TV show that asks me, but apparently the blazer pushed me over the edge.

When we got to the conference room at the Crowne Plaza in Edison, N.J.—perhaps the perfect adult analogue to being in high school—the people who worked for Reunions Unlimited Inc. asked me for \$244 in cash. This seemed like a lot for a bad buffet, Coors Light and finding out what people I knew as teenagers look like, how many kids they have and what they do for a living. When Reunions Unlimited Inc. came up with its pricing plan, it was clearly unaware of Facebook. Or the career paths of people who went to public school in New Jersey.

The 150 or so people inside—about a third of my graduating class—were not a random sample of J.P. Stevens High School students. There were almost no Asian kids, black kids, burnout kids or even nerdier-than-me kids. No, these were solely the kids who went to keg parties. It turns out that people who liked to get together in big groups and get drunk still like to get together in big groups and get drunk. They also like to listen to music from 1985 to '89 when nostalgia, yet Reunions Unlimited Inc. managed to find the only DJ in America who wouldn't stick to '80s music.

If you've ever wondered what it's like to be the most famous person at your high school reunion, it's awesome. You don't have to awkwardly walk up to anyone, because all the pretty girls and cool guys awkwardly walk up to you and tell you that their tenuous connection to you makes them proud. Sure, they're referring not to your journalism career but to the fact that they saw you on *E!* at the gym with the sound turned off, but after a few Coors Lights, this does not bother you at all. The only downside is that your good friend Col-

leen, who prepartied pretty hard, spends much of the night yelling from across the room, "Oh, it's Joel Stein! He's too famous to talk to me!" followed quickly by "Oh, look! The famous Joel Stein has come to talk to me!"

The worst part of the reunion was that this guy Jeff—who for over a month in elementary school tricked me into giving him the dessert my mom packed in exchange for "future" Mystic Mint cookies he kept track of on a ledger—brought a beautiful, large-breasted, heavily made-up woman wearing exactly the kind of dress my imaginary hooker would have worn.

And she actually was his wife. I hate Jeff.

I also discovered, to my surprise, that I'm a lot like the person I was in high school. Several women told me about comments I'd written in their yearbooks about their breasts. When I went up to a woman named Dana and told her that she looked exactly the same, she said, "But you never thought I looked good." I, for some reason, said, "But at least you don't look any worse," and walked away. Coors Lights can really pile up.

Still, even if I hadn't changed, I did not expect to feel that I could happily go back to hanging out with these people. After high school, I was able to seek out

friends who had similar interests and ambitions instead of those who happened to live a bikeable distance away. And yet, as the new book *Connected* by Nicholas A. Christakis and James H. Fowler shows, we actually do choose our friends through proximity and shared activity. Sure, I might now select a slightly different mix from the J.P. Stevens pool—especially if you threw some Indians, black dudes and supernerds back into it—but this was a group that could make me laugh and think as much as the carefully culled group I hang out with in L.A. You know, the ones who had a kid at exactly the same time we did.

I left a little before midnight, when Cassandra got bored, even though Jeff's wife didn't look bored at all. But most people closed the party, then the bar and then went upstairs to Colleen's suite. And apparently the potent mixture of nostalgia, Coors Light and a \$122 investment caused some possibly otherwise married people to hook up. This, it turns out, is the reason spouses go to reunions. I'm definitely going to Cassandra's. Sure, it was an all-girls school, but I'm not taking any chances.



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